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ABSTRACT

The student's manual of this set consists of materials for use by individuals enrolled in an extension course in managing dental office records. Addressed in the individual units of the course are the following topics: clinical records, dental insurance, recall systems, inventory control, and financial records. Each unit contains some or all of the following: objectives, a list of new terms and definitions, instructional text, and sample forms. The instructor's guide contains illustrations to make the material clearer and provide practice on actual dental records. The guide also contains answers to the learning activities in the student's manual. (MN)

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Managing Dental Office Records

Student's Manual

By

Sandra Kovacs Graf

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1984

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COMPLIANCE STATEMENT

TITLE VI, CIVIL RIGHTS ACT OF 1964; THE MODIFIED COURT ORDER, CIVIL ACTION 5281, FEDERAL DISTRICT COURT, EASTERN DISTRICT OF TEXAS, TYLER DIVISION

Reviews of local education agencies pertaining to compliance with Title VI Civil Rights Act of 1964 and with specific requirements of the Modified Court Order, Civil Action No. 5281, Federal District Court, Eastern District of Texas, Tyler Division are conducted periodically by staff representatives of the Texas Education Agency. These reviews cover at least the following policies and practices:

(1) acceptance policies on student transfers from other school districts;

(2) operation of school bus routes or runs on a non-segregated basis;

(3) nondiscrimination in extracurricular activities and the use of school facilities;

(4) nondiscriminatory practices in the hiring, assigning, promoting, paying, demoting, reassigning, or dismissing of faculty and staff members who work with children;

(5) enrollment and assignment of students without discrimination on the basis of race, color, or national origin;

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(7) evidence of published procedures for hearing complaints and grievances.

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TITLE VII, CIVIL RIGHTS ACT OF 1964: EXECUTIVE ORDERS 11246 and 11375; TITLE IX 1973 EDUCATION AMENDMENTS: REHABILITATION ACT OF 1973 AS AMENDED; 1974 AMENDMENTS TO THE WAGE-HOUR LAW EXPANDING THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967; VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1972 AS AMENDED IN 1974.

It is the policy of the Texas Education Agency to comply fully with the nondiscrimination provisions of all federal and state laws and regulation by assuring that no person shall be excluded from consideration for recruitment, selection, appointment, training, promotion, retention, or any other personnel action, or be denied any benefits or participation in any programs of activities which it operates on the grounds of race, religion, color, national origin, sex, handicap, age, or veteran status (except where age, sex, or handicap constitute a bona fide occupational qualification necessary to proper and efficient administration). The Texas Education Agency makes positive efforts to employ and advance in employment all protected groups.

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Foreword

This publication, "Managing Dental Office Records," is part of a series entitled "Dental Auxiliary Services." Other titles in the series are "Dental Chairside Technique," "Dental Office Procedures," and "Dental Charting." Each title has two volumes, a student's manual and an instructor's guide.

These instructional materials are designed for students enrolled in dental assisting. The information included simulates the activities actually performed by the dental assistant. However, this basic knowledge will be a useful foundation for students who plan further study in any of the various areas of dental health. Although the material is individualized, it should be used under the supervision of a coordinator or instructor. It can be used both by students who are learning dental assisting in the classroom only and by students in a cooperative training program.

Every effort has been made to produce a publication that addresses the unique needs of our current student population. Students with limited English proficiency (LEP) as well as handicapped, educationally disadvantaged, and nontraditional students may require modification of the material in this publication. The professional staff of EIMC will gladly work with any instructor having these students to show how the instructional material can be adapted for specific individualized instruction. Consult local, state, and federal agencies that offer assistance and guidance and that can provide sound recommendations for productive classroom management.

Kathryn R. Allen, Ph.D.
Acting Director, Extension Instruction
and Materials Center

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Safeguard Business Systems, Fort Washington, Pennsylvania

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We also wish to acknowledge Dr. Jim Keeton, Director of Secondary Health Occupations Education, Texas Education Agency, Austin, Texas, for his advice, support, and suggestions concerning these volumes.

DEDICATION

To my children

Kourtney Alison, Christopher Shaun, Casey Ryan

Unit ONE

Clinical Records

Objectives: *After completing this unit, you will be able to—*

1. *list which records are considered primary records;*
2. *list which records are considered secondary records;*
3. *make an entry on a treatment record;*
4. *correct an incorrect entry made on a treatment record;*
5. *list the three important factors on a medical health history;*
6. *explain what a treatment outline is;*
7. *explain what a treatment record is;*
8. *give two examples of when a consent form should be used;*
9. *explain what study models are;*
10. *give one example of why intraoral photographs are used;*
11. *give one example of why extraoral photographs are used;*
12. *explain what a laboratory work authorization is;*
13. *list the two types of dental office correspondence;*
14. *list three methods of chart tagging;*
15. *state how long inactive records should be kept;*
16. *give two reasons why a patient's records would be transferred; and*
17. *list the information that should be entered in a patient's chart if a record is transferred.*

New Terms and Definitions

abnormality—markedly irregular; deviating from the normal.

alphabetical—arranged in the order of the alphabet.

chronic—of long duration.

dentition—the character and arrangement of the natural teeth of an individual.

diagnosis—the art or act of determining the nature of a disease.

extraoral—on the outside of the mouth.

full denture—a complete artificial replacement of either the upper or lower teeth.

horizontal—parallel to the horizon.

intraoral—within or inside of the mouth.

lateral—pertaining to the side; situated on, directed toward, or coming from the side.

maintenance dosage drug—medication taken on a regular or daily basis.

malpractice—any professional misconduct or unreasonable lack of skill in performance of duties; practice contrary to established rules.

mixed dentition—containing both primary (baby) and secondary (adult) teeth.

numerical—arranged in the order of the number series.

orthodontist—one who practices in the dental specialty of orthodontics.

palpate—to examine by touch.

partial denture—artificial replacement of only part of either the upper or lower teeth.

pedodontics—that branch of dentistry which deals with the teeth and oral conditions of children.

pedodontist—one who practices in the dental specialty of pedodontics.

periapical X-ray—X-ray which will include a picture of the tooth as well as the area around the root.

render—to provide or furnish a service.

restoration—the process of replacing a missing tooth or part of a tooth; filling.

statute of limitations—the legal time limit within which a civil suit for an alleged wrong, such as malpractice, must be filed.

tolerate—to bear or be capable of bearing.

vertical—upright; straight up and down.

From the recording of how much is spent on food each week, to the number of miles per gallon our automobile gets, the keeping of records has become an important part of our lives. Nowhere is this more true than in the health professions. **Accurate and complete records** are essential to the health and safety of the patient, as well as for the protection of the dentist and auxiliary personnel.

The information kept on dental patients is known as a **clinical record.** Clinical records are considered legal documents. Should a patient ever bring a court action against a dentist, the clinical records become vitally important in the defense of the dentist and the dental auxiliary.

Clinical dental records are divided into two groups, primary and secondary. **Primary records** are vital to the treatment of each patient, for they contain information as to what has been done in the past and what treatment is planned for the future. Primary records also contain information necessary for business matters. The primary records consist of the acquaintance (or registration) form, medical and dental health history, radiographs, treatment outline, treatment record, and consent forms.

Secondary records are those things which aid in the diagnostic and/or treatment process. These consist of study models, photographs, recall information, laboratory work authorizations, insurance claim forms, and correspondence.

Primary Records

Acquaintance Form

The acquaintance form serves two purposes: (1) it definitely identifies the patient, and (2) it gives information necessary to conduct business between the patient and the office. Some offices require a great deal of information, and the form may be two and three pages long. Other offices may request only basic information such as name, address, and telephone number. No matter what method is used to gather the information, certain facts must be obtained: (1) the patient's name, address, and telephone number; (2) the name and address of the person responsible for the account; (3) the name of the insurance company and the policy number (if insurance will be used); and (4) the purpose for which the patient has come to the dentist. Figure 1 is an example of an acquaintance form.

Medical and Dental Health History

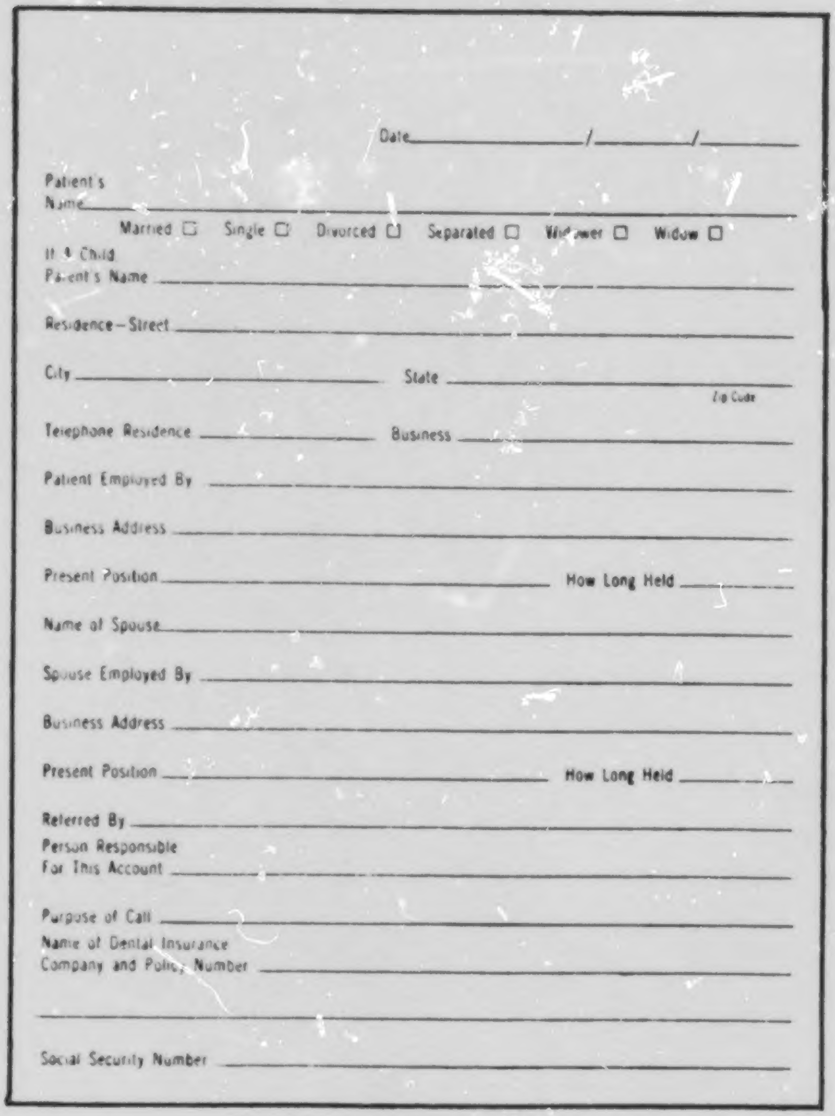
Medical Health History. This form allows the patient to answer selected questions about past and present medical health. Even though the patient usually fills this form out, the dentist or assistant should review the answers with the patient to make sure nothing has been forgotten. Of utmost importance is information related to conditions that could develop into medical emergencies. **The dentist must know the following facts on every patient.**

1. Does the patient have any allergies? (If so, what is the patient allergic to, and how does it affect him/her?)
2. Does the patient have any chronic condition that may develop into an emergency situation? (heart problems, asthma, emphysema, etc.)
3. Does the patient take a maintenance dosage of any drug? (This drug may affect the individual's ability to tolerate certain dental procedures or other medications and drugs used.)

It is wise to use a bright color, such as red or orange, to mark the records of patients with allergies or special medical problems. This will alert you to their possible danger. The name, address, and phone number of the patient's physician should also be recorded on the chart in case it is necessary to consult with him/her.

Figure 2 is an example of an in-depth medical health history. Figure 3 is an example of a medical health history dealing primarily with the three factors just mentioned. Notice that figure 2 has a space for the date and the patient's signature. This is a legal precaution—that the information given about the patient was provided by said patient or the parent or legal guardian.

All patients should be asked periodically if there has been any change in their medical status. If so, changes should be noted, and the form signed and dated by the patient.



Date ______ / ______ / ______

Patient's Name ______

Married ☐ Single ☐ Divorced ☐ Separated ☐ Widower ☐ Widow ☐

If a Child Parent's Name ______

Residence—Street ______

City ______ State ______ Zip Code

Telephone Residence ______ Business ______

Patient Employed By ______

Business Address ______

Present Position ______ How Long Held ______

Name of Spouse ______

Spouse Employed By ______

Business Address ______

Present Position ______ How Long Held ______

Referred By ______

Person Responsible For This Account ______

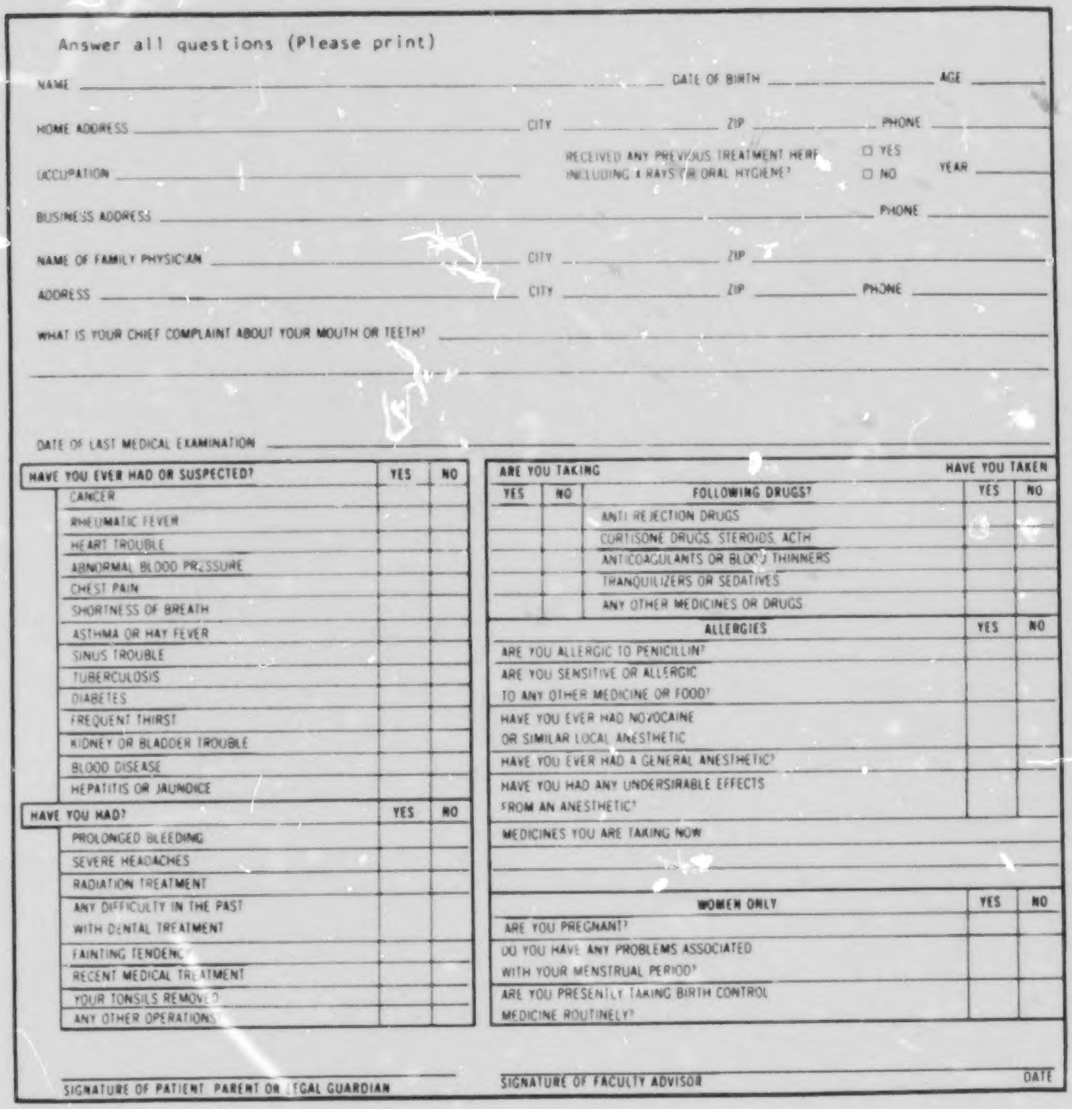
Purpose of Call ______

Name of Dental Insurance Company and Policy Number ______

______

Social Security Number ______

Fig. 1. *Acquaintance form*



Answer all questions (Please print)

NAME ______ DATE OF BIRTH ______ AGE ______

HOME ADDRESS ______ CITY ______ ZIP ______ PHONE ______

OCCUPATION ______ RECEIVED ANY PREVIOUS TREATMENT HERE INCLUDING X RAYS OR ORAL HYGIENE? ☐ YES ☐ NO YEAR ______

BUSINESS ADDRESS ______ PHONE ______

NAME OF FAMILY PHYSICIAN ______ CITY ______ ZIP ______

ADDRESS ______ CITY ______ ZIP ______ PHONE ______

WHAT IS YOUR CHIEF COMPLAINT ABOUT YOUR MOUTH OR TEETH? ______

DATE OF LAST MEDICAL EXAMINATION ______

HAVE YOU EVER HAD OR SUSPECTED?	YES	NO
CANCER		
RHEUMATIC FEVER		
HEART TROUBLE		
ABNORMAL BLOOD PRESSURE		
CHEST PAIN		
SHORTNESS OF BREATH		
ASTHMA OR HAY FEVER		
SINUS TROUBLE		
TUBERCULOSIS		
DIABETES		
FREQUENT THIRST		
KIDNEY OR BLADDER TROUBLE		
BLOOD DISEASE		
HEPATITIS OR JAUNDICE		

HAVE YOU HAD?	YES	NO
PROLONGED BLEEDING		
SEVERE HEADACHES		
RADIATION TREATMENT		
ANY DIFFICULTY IN THE PAST WITH DENTAL TREATMENT		
FAINTING TENDENCY		
RECENT MEDICAL TREATMENT		
YOUR TONSILS REMOVED		
ANY OTHER OPERATIONS		

ARE YOU TAKING			HAVE YOU TAKEN	
YES	NO	FOLLOWING DRUGS?	YES	NO
		ANTI REJECTION DRUGS		
		CORTISONE DRUGS, STEROIDS, ACTH		
		ANTICOAGULANTS OR BLOOD THINNERS		
		TRANQUILIZERS OR SEDATIVES		
		ANY OTHER MEDICINES OR DRUGS		

ALLERGIES	YES	NO
ARE YOU ALLERGIC TO PENICILLIN?		
ARE YOU SENSITIVE OR ALLERGIC TO ANY OTHER MEDICINE OR FOOD?		
HAVE YOU EVER HAD NOVOCAINE OR SIMILAR LOCAL ANESTHETIC		
HAVE YOU EVER HAD A GENERAL ANESTHETIC?		
HAVE YOU HAD ANY UNDERSIRABLE EFFECTS FROM AN ANESTHETIC?		

MEDICINES YOU ARE TAKING NOW ______

WOMEN ONLY	YES	NO
ARE YOU PREGNANT?		
DO YOU HAVE ANY PROBLEMS ASSOCIATED WITH YOUR MENSTRUAL PERIOD?		
ARE YOU PRESENTLY TAKING BIRTH CONTROL MEDICINE ROUTINELY?		

SIGNATURE OF PATIENT, PARENT OR LEGAL GUARDIAN ______

SIGNATURE OF FACULTY ADVISOR ______ DATE ______

Fig. 2. ***Medical health history—in depth***

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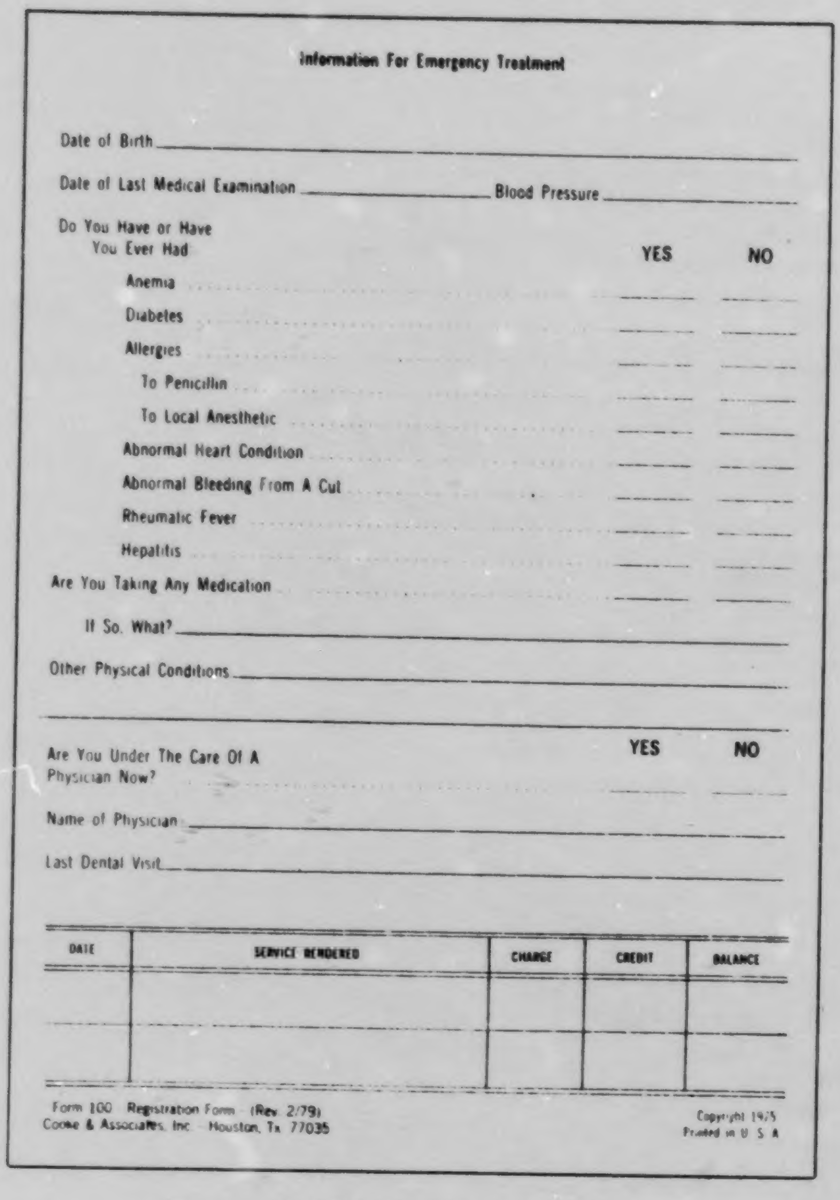

Information For Emergency Treatment

Date of Birth ______________________

Date of Last Medical Examination ____________ Blood Pressure ____________

Do You Have or Have You Ever Had	YES	NO
Anemia	____	____
Diabetes	____	____
Allergies	____	____
To Penicillin	____	____
To Local Anesthetic	____	____
Abnormal Heart Condition	____	____
Abnormal Bleeding From A Cut	____	____
Rheumatic Fever	____	____
Hepatitis	____	____
Are You Taking Any Medication	____	____

If So, What? ______________________

Other Physical Conditions ______________________

	YES	NO
Are You Under The Care Of A Physician Now?	____	____

Name of Physician ______________________

Last Dental Visit ______________________

DATE	SERVICE RENDERED	CHARGE	CREDIT	BALANCE

Form 100 Registration Form (Rev. 2/79)
Cooke & Associates, Inc. Houston, Tx. 77035

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Fig. 3. Medical health history (basic information)

Dental Health History. Not all offices use a separate form for the dental health history. Figure 4 (items B & C) shows a medical and dental form combined. Answers to these questions give the dentist an insight into the patient's past dental experiences. The dental health history can also uncover some dental problems the patient was not aware of. If a separate dental health history form is used, it should be signed and dated as was the medical health history form.

In addition to the forms completed by the patient, the dentist will perform an intraoral and extraoral soft tissue exam. As the dentist observes and palpates various areas, he or she will dictate his/her findings to the assistant, who records the information. Figure 4 (item A) and figure 5 are examples of intraoral and extraoral examination charts. This type of exam is used to detect lumps, masses, or discolored tissues that are sometimes the first signs of oral cancer. This exam is performed on adults as well as children.

Radiographs

Radiographs (X-rays) are one of the best diagnostic methods available to the dentist. During the first visit to the dental office (provided no dental emergency exists), the patient's teeth will be cleaned and X-rays taken. Adults usually have eighteen X-rays taken—fourteen periapicals and four bitewings. However, if the patient has had dental X-rays taken within the previous six months, only the four bitewings are usually taken. Children usually have from ten to fourteen periapical X-rays taken. This may vary, especially if the child has a mixed dentition.

The X-rays are placed in a film mount (fig. 6), which is to be kept in the patient's chart. The film mount has a place for the patient's name, the date the X-rays were taken, and the dentist's name.

Unfortunately, some patients feel that the X-rays belong to them—that they have paid for them. In actuality, the patient has paid for the dentist to interpret the X-rays and give the patient his or her findings. Radiographs are the property of the dentist.

Treatment Outline

After the patient's medical and dental health history has been taken, the present dental conditions charted, X-rays taken, and any other diagnostic measures performed, the dentist will determine a plan of treatment. This treatment plan or outline is a written summary of the dental work needed by the patient and the fees to be charged. The dentist then meets with the patient to explain the findings and the treatment recommended. This is known as the **case presentation.**

The treatment outline can be either a card (fig. 7) or a full sheet (fig. 8). The card is convenient because it does not take up a lot of space. However, the full sheet allows the dentist to review a great deal of information about the patient at one glance. Both forms will contain the same basic information: (1) the patient's name, (2) a dental chart (anatomical or geometric) on which existing dental conditions have been charted, (3) space to write what services are planned or needed (beginning with tooth #1, tooth #21, or in order of importance), and (4) the fee for each service. Additional items on the form can be the findings from the intraoral exam, growth pattern information on children, a record of mold and shade information for dentures and partial dentures, and even the medical and dental health histories. Some treatment outline forms even have a place for the date and the patient's signature. By signing the treatment outline after the case presentation, the patient is consenting to the treatment being recommended and the fees to be charged.

Treatment Record

The treatment record is a written record of each service rendered to the patient and the fee charged for that service. An accurate record of previous treatment is an aid in providing the best future treatment. Figure 9 is an example of a treatment record. This record contains the basic business information (name, address, phone number) and chart number. It also contains a place for (1) the date of treatment, (2) the number of the tooth being treated along with an explanation of the treatment, and (3) the fee charged. (Items #4 and #5 deal with financial matters, which will be covered in Unit Five.)

As you can see, not a great deal of space is allotted for writing the treatment or the surfaces of the tooth involved. Therefore, abbreviations are used for tooth surfaces, and

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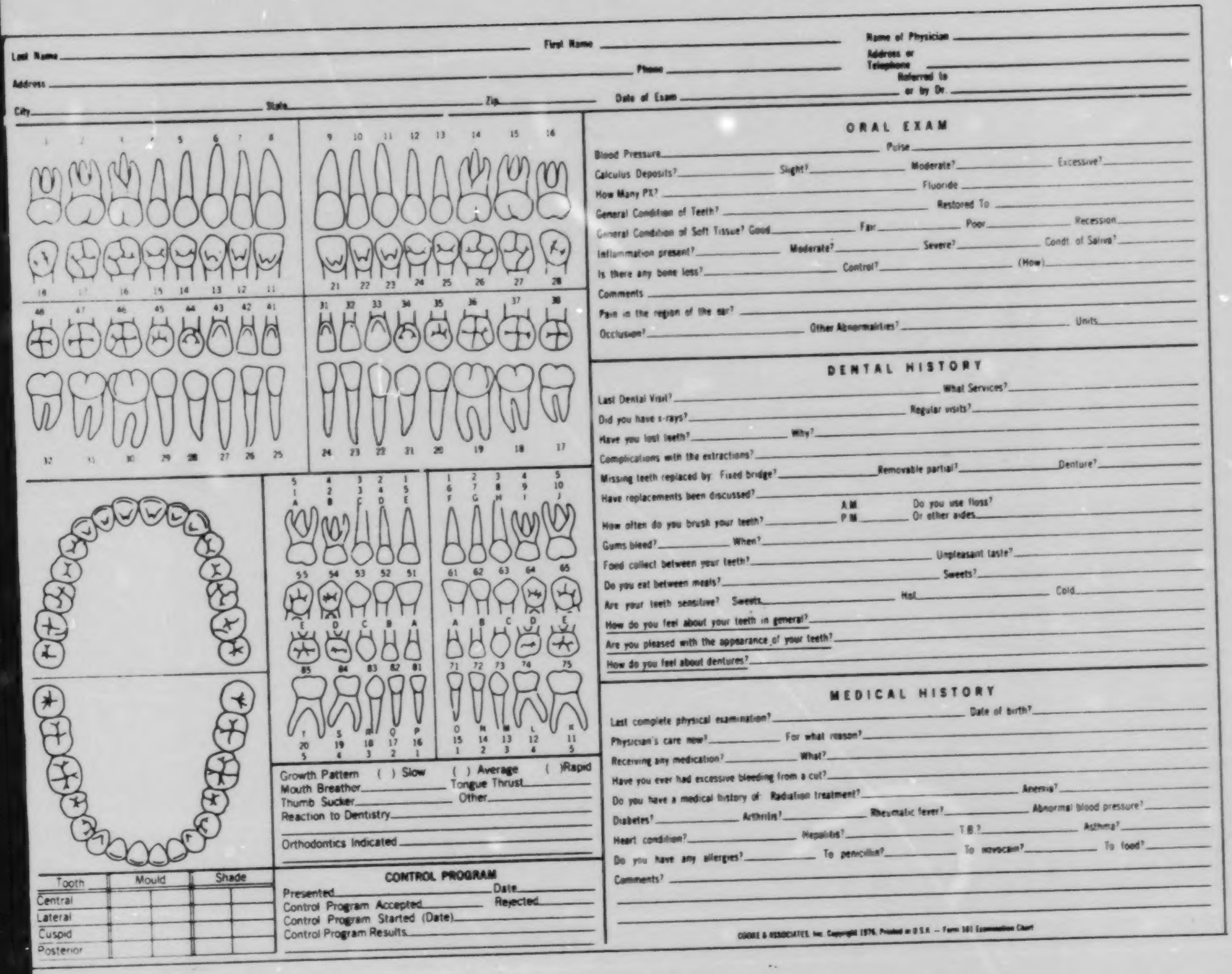


1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17
5 4 3 2 1 1 2 3 4 5
1 2 3 4 5 6 7 8 9 10
A B C D E F G H I J
55 54 53 52 51 61 62 63 64 65
E D C B A A B C D E
85 84 83 82 81 71 72 73 74 75
T S R Q P O N M L K
20 19 18 17 16 15 14 13 12 11
5 4 3 2 1 1 2 3 4 5

Last Name ____ First Name ____ Name of Physician ____

Phone ____ Address or Telephone ____

Address ____ Referred to or by Dr. ____

City ____ State ____ Zip ____ Date of Exam ____

ORAL EXAM

Blood Pressure ____ Pulse ____

Calculus Deposits? ____ Slight? ____ Moderate? ____ Excessive? ____

How Many PX? ____ Fluoride ____

General Condition of Teeth? ____ Restored To ____

General Condition of Soft Tissue? Good ____ Fair ____ Poor ____ Recession ____

Inflammation present? ____ Moderate? ____ Severe? ____ Condt. of Saliva? ____

Is there any bone loss? ____ Control? ____ (How) ____

Comments ____

Pain in the region of the ear? ____

Occlusion? ____ Other Abnormalities? ____ Units ____

DENTAL HISTORY

Last Dental Visit? ____ What Services? ____

Did you have x-rays? ____ Regular visits? ____

Have you lost teeth? ____ Why? ____

Complications with the extractions? ____

Missing teeth replaced by: Fixed bridge? ____ Removable partial? ____ Denture? ____

Have replacements been discussed? ____

How often do you brush your teeth? ____ A.M. P.M. ____ Do you use floss? Or other aides ____

Gums bleed? ____ When? ____

Food collect between your teeth? ____ Unpleasant taste? ____

Do you eat between meals? ____ Sweets? ____

Are your teeth sensitive? Sweets ____ Hot ____ Cold ____

How do you feel about your teeth in general? ____

Are you pleased with the appearance of your teeth? ____

How do you feel about dentures? ____

MEDICAL HISTORY

Last complete physical examination? ____ Date of birth? ____

Physician's care now? ____ For what reason? ____

Receiving any medication? ____ What? ____

Have you ever had excessive bleeding from a cut? ____

Do you have a medical history of: Radiation treatment? ____ Anemia? ____

Diabetes? ____ Arthritis? ____ Rheumatic fever? ____ Abnormal blood pressure? ____

Heart condition? ____ Hepatitis? ____ T.B.? ____ Asthma? ____

Do you have any allergies? ____ To penicillin? ____ To novocain? ____ To food? ____

Comments? ____

Growth Pattern ( ) Slow ( ) Average ( ) Rapid

Mouth Breather ____ Tongue Thrust ____

Thumb Sucker ____ Other ____

Reaction to Dentistry ____

Orthodontics Indicated ____

Tooth	Mould		Shade	
Central				
Lateral				
Cuspid				
Posterior				

CONTROL PROGRAM

Presented ____ Date ____

Control Program Accepted ____ Rejected ____

Control Program Started (Date) ____

Control Program Results ____

[illegible] & ASSOCIATES, Inc. Copyright 1976, Printed in U.S.A. — Form 101 Examination Chart

Fig. 4. Combined medical and dental history

PATIENTS' NAME: ______________________________ DATE: __________

INTRALORAL & EXTRAORAL EXAMINATION

(Description of findings)

SOFT TISSUE EXAM:

Lips ______________________________

Tongue ______________________________

Cheeks ______________________________

Floor of mouth ______________________________

Palate ______________________________

Throat ______________________________

Ridge Form ______________________________

Mucosa ______________________________

Saliva ______________________________

EXAMINATION OF HEAD AND NECK:

Regional nodes ______________________________

Skin ______________________________

Face Form ____________________ Arch Form ______________

OCCLUSION:

Classification ______________________________

Freeway Space ______________________________

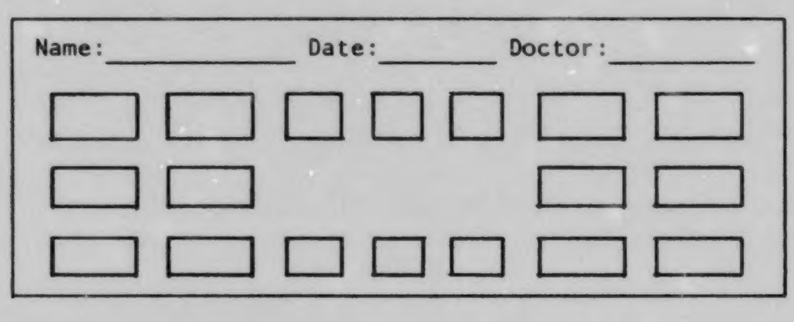
Prematurities ______________________________

Missing Teeth ______________________________

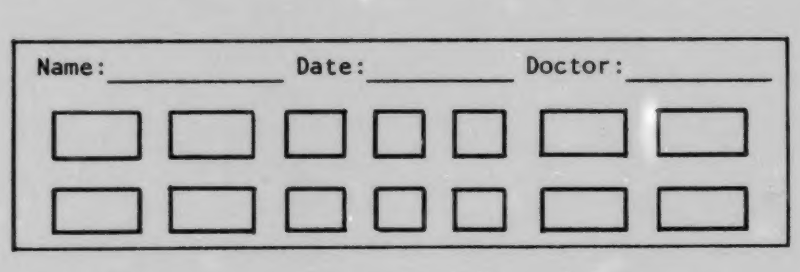
Specific abnormalities ______________________________

Fig. 5. Intraoral and extraoral examination chart

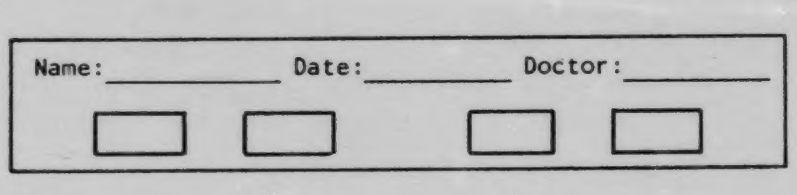
X-RAY FILM MOUNTS


Name:
Date:
Doctor:

(A) Adult X-Ray Mount

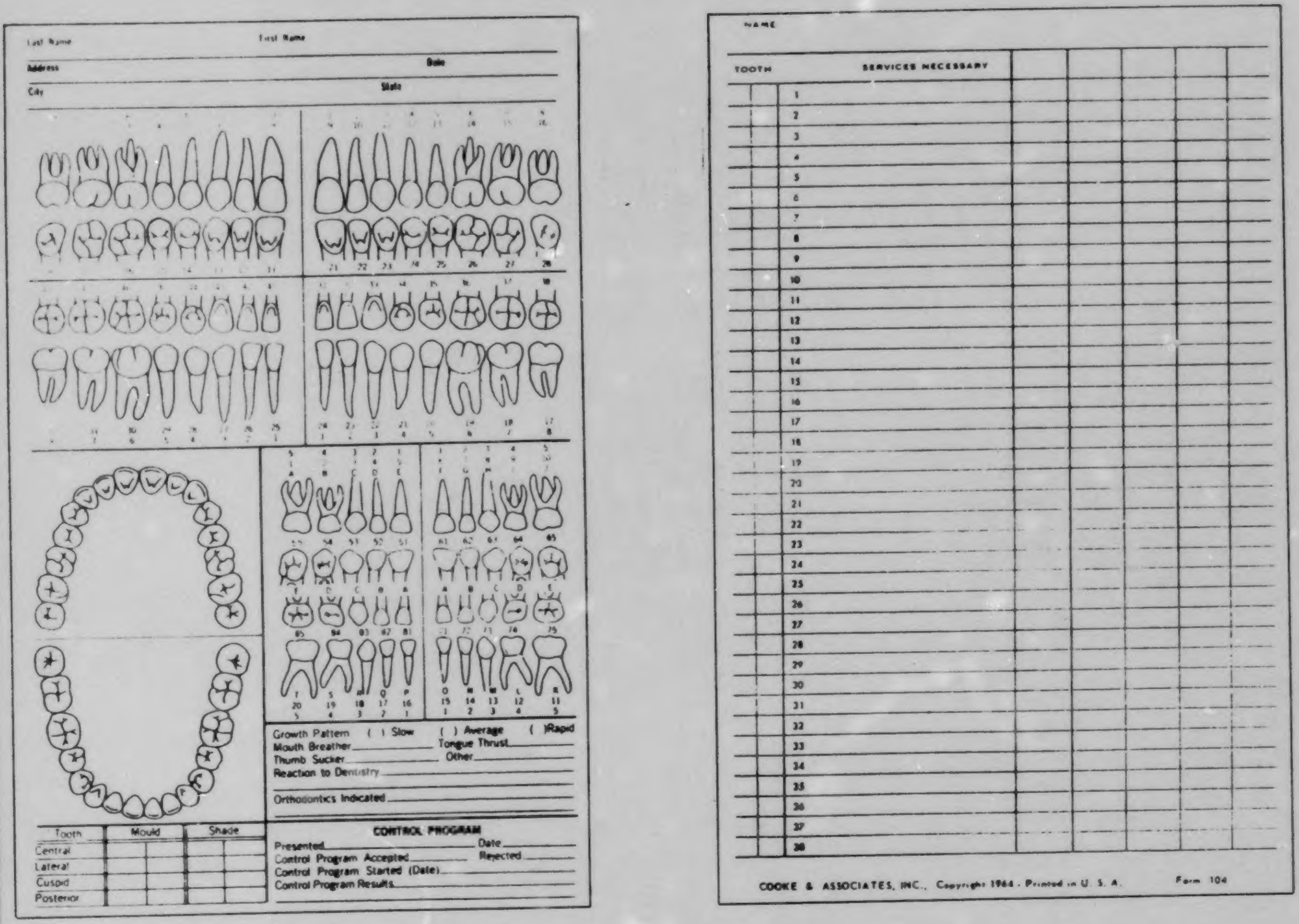

Name:
Date:
Doctor:

(B) Pedo X-Ray Mount


Name:
Date:
Doctor:

(C) Bitewing X-Ray Mount

Fig. 6. X-ray film mount


55 54 53 52 51
61 62 63 64 65
85 84 83 82 81
71 72 73 74 75
T S Q P
20 19 18 17 16
5 4 3 2 1
O N M L K
15 14 13 12 11
1 2 3 4 5

Last Name First Name
Address Date
City State

Growth Pattern ( ) Slow ( ) Average ( )Rapid
Mouth Breather________ Tongue Thrust________
Thumb Sucker________ Other________
Reaction to Dentistry________
Orthodontics Indicated________

Tooth	Mould		Shade	
Central				
Lateral				
Cuspid				
Posterior				

CONTROL PROGRAM

Presented________ Date________
Control Program Accepted________ Rejected________
Control Program Started (Date)________
Control Program Results________

NAME

TOOTH		SERVICES NECESSARY					
		1					
		2					
		3					
		4					
		5					
		6					
		7					
		8					
		9					
		10					
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		35					
		36					
		37					
		38					

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Fig. 7. Treatment outline—card form

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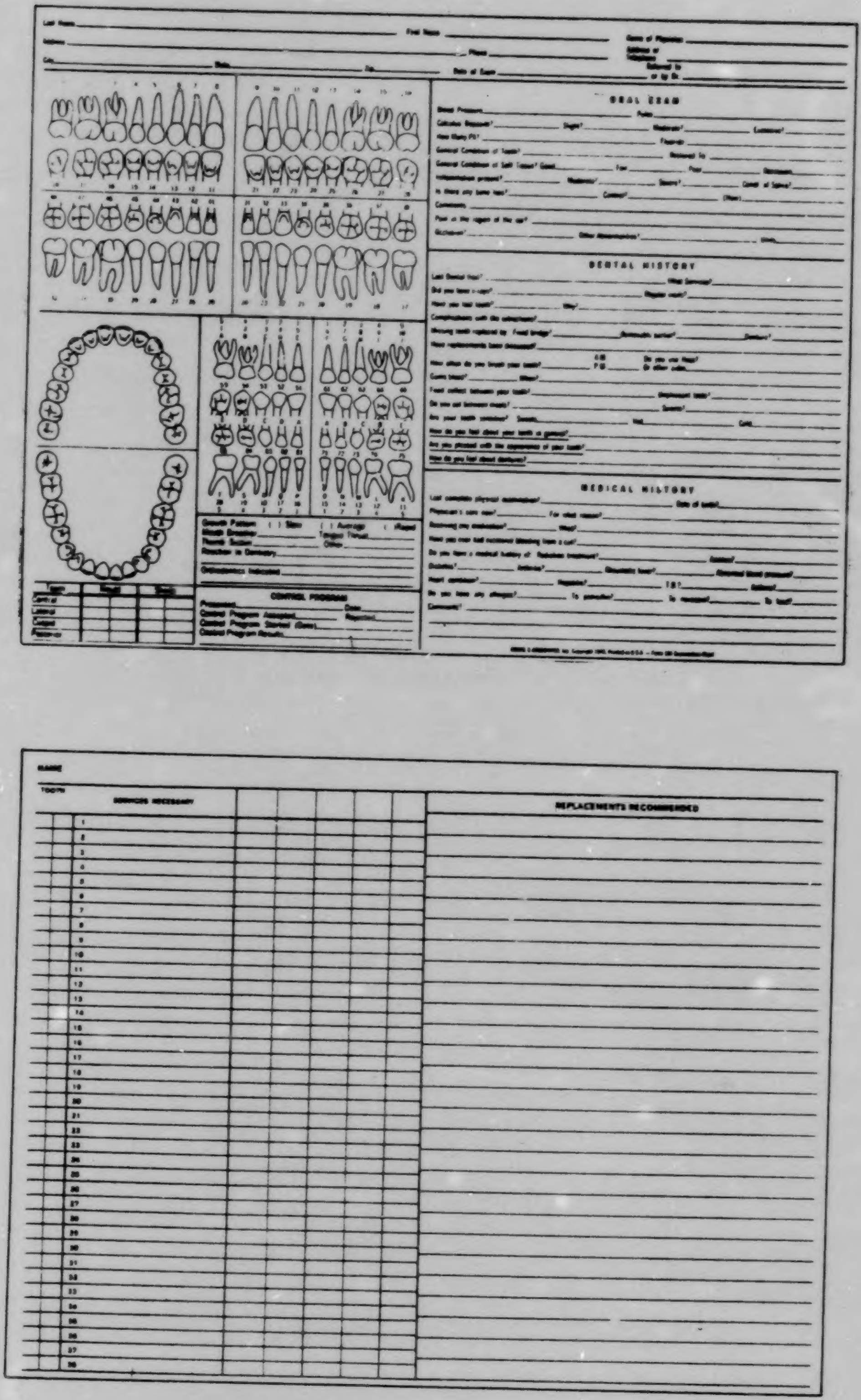

ORAL EXAM

DENTAL HISTORY

MEDICAL HISTORY

CONTROL PROGRAM

NAME

TOOTH

SERVICES NECESSARY

REPLACEMENTS RECOMMENDED

Fig. 8. Treatment outline—sheet form

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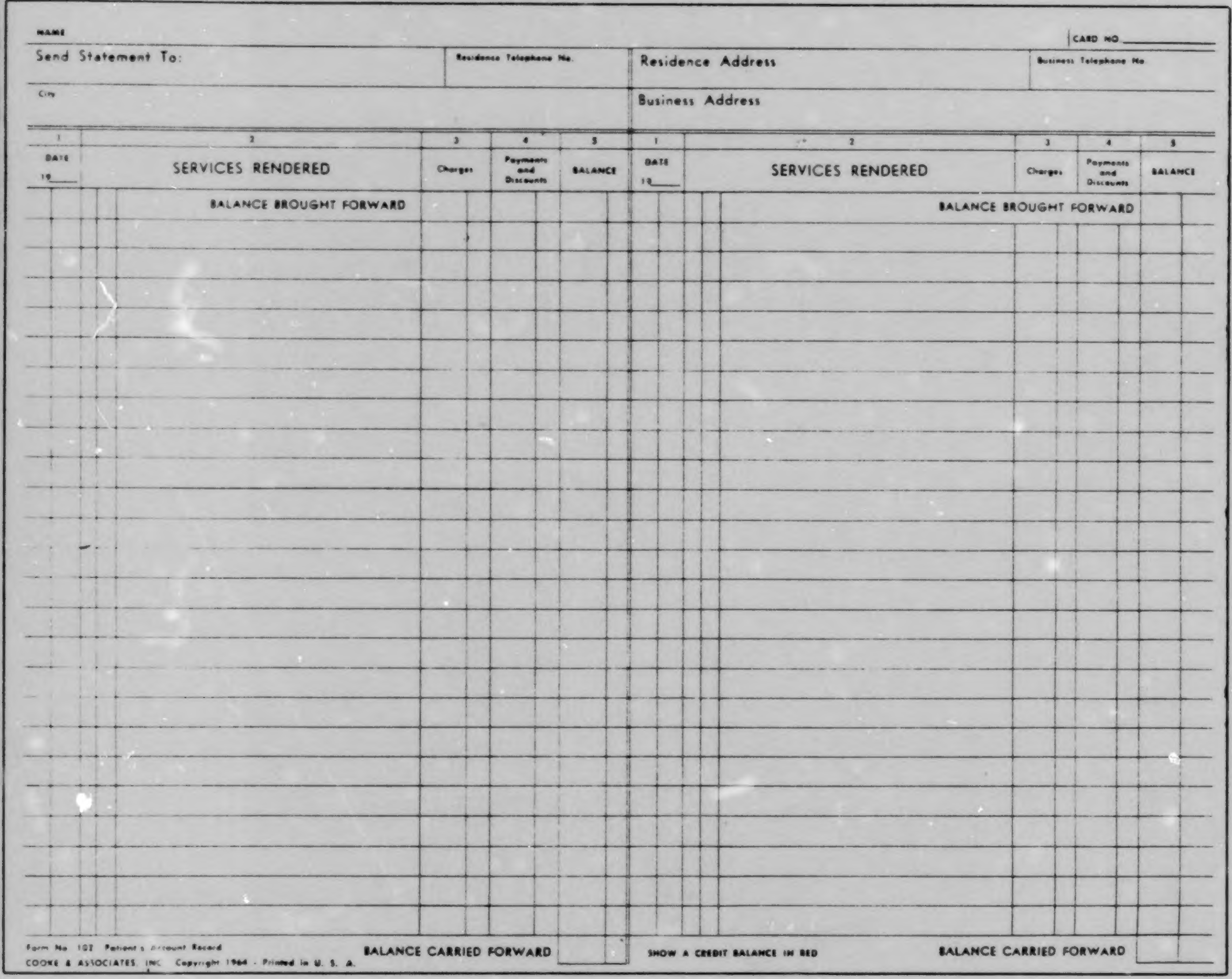

NAME

CARD NO ____________

Send Statement To:

Residence Telephone No.

City

Residence Address

Business Telephone No

Business Address

1	2	3	4	5	1	2	3	4	5
DATE 19____	SERVICES RENDERED	Charges	Payments and Discounts	BALANCE	DATE 19____	SERVICES RENDERED	Charges	Payments and Discounts	BALANCE
	BALANCE BROUGHT FORWARD					BALANCE BROUGHT FORWARD			

Form No. 102 Patient's Account Record
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BALANCE CARRIED FORWARD

SHOW A CREDIT BALANCE IN RED

BALANCE CARRIED FORWARD

Fig. 9. **Treatment record**

Procedure Codes

PC - permanent cementation
R - recall
RX - prescription
AM - amalgam restoration
ADJ - adjustment
BWX - bitewing X-rays
CA - corrective appliance
CB - crown and bridge
C - consultation
CR - composition restoration
DR - denture repair
EX - examination
E - extraction
EM - emergency
FMX - full mouth X-rays
FT - fluoride treatment
GC - gold crown
GI - gold inlay
NP - new patient
PT - perio treatment
P - prophylaxis
PO - postoperative check
POH - personal oral hygiene instruction
PJC - porcelain jacket crown
RC - root canal
SM - study models
LA - local anesthetic
GA - general anesthetic
BA - base
CL - cavity liner

Tooth Surface Abbreviations

M - mesial
D - distal
O - occlusal
B - buccal
L - lingual
F - facial
I - incisal

Figure 10. Procedure codes and tooth surface abbreviations

procedure codes are used for the treatment whenever possible, as is done when making an entry in the appointment book. Figure 10 gives examples of procedure codes and tooth surface abbreviations. The codes to be used are determined by the dentist and will vary from one office to another. Figure 11A shows a treatment record entry written in longhand, which takes a great deal of space. Figure 11B shows the same information written using abbreviations and procedure codes.

Everything discussed with the patient or performed on the patient should be recorded on the treatment record. This means not only the type of restoration placed but also the type of local or general anesthetic used, what bases (if any) were used, emergency treatment, surgical procedures, prescriptions given, postoperative instructions discussed—everything. Even if a patient does not keep an appointment, write that on the treatment record. Entries on the patient's treatment record should be done as soon as the service is rendered. Complete and accurate records are the best protection against malpractice claims or in defense of them.

Never alter an entry made on a treatment record. Unlike the appointment book, where entries are made in pencil and it is permissible to erase a mistake, **treatment records must be kept in ink.** If an error is made, draw one line through the incorrect entry, and write the correct entry below. Be sure the incorrect entry can still be read. Erasures or scratched-out areas may look as though you were trying to hide something. Some legal experts recommend that the incorrect entry be initialed and dated as well. Doing this is just further protection for the dental team. Figure 12 is an example of a corrected treatment record entry.

Consent Forms

Some authorities consider that when the patient signs the treatment outline after the case presentation, the patient is consenting to the treatment recommended. Others feel that a special consent form is needed so there will be no misunderstandings as to what procedures will be performed. Written consent is not required by law, but for the dentist's protection and as a preventive measure against malpractice suits, certain procedures should have **written consent forms.** These procedures are (1) when a general anesthetic will be used, (2) when a surgical procedure will be performed, (3) when photographs or slides will be taken, and (4) when any portion of the patient's record will be used for lecture or demonstration purposes. Figure 13 is an example of a consent form. Consent forms should identify the treatment to be performed and have a place for the patient's signature and the date. A copy of the signed consent form should be kept in the patient's chart.

Secondary Records

Study Models

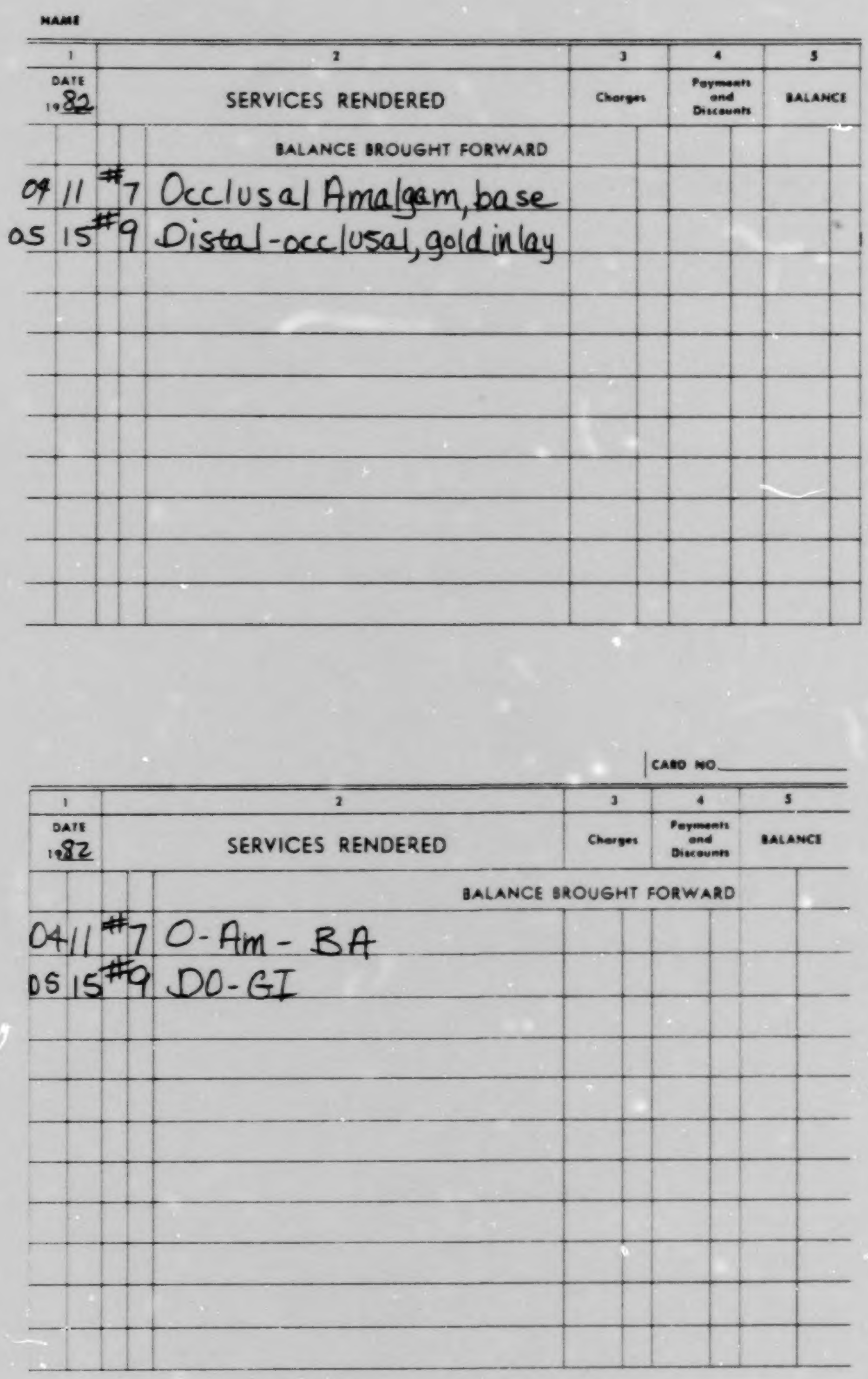
Many dentists consider study models a routine part of the clinical record and an important diagnostic tool. Study models (or casts) are exact reproductions of a patient's maxillary and mandibular arches (fig. 14). These models permit the study of the teeth and the relationship of the two arches from every angle since the cheeks and tongue are not present. Study models provide a guide for tooth size, shape, and position. These are important details when making partial dentures, crowns, or bridges. Periodic study models of a child's dentition show the various stages of development of the dental arches—necessary information for the orthodontist and pedodontist. Oral surgeons also use study models to determine the desired treatment of fractures and correctable abnormalities.

Photographs

Photographs may be either intraoral or extraoral. Many dentists use intraoral photographs to show patients the condition of teeth or tissues before or after a certain treatment or procedure. Oral surgeons and orthodontists use profile photographs in determining facial type and to aid in evaluating a plan of treatment. Photographs also show the patient how the facial appearance has been enhanced or changed by surgery or braces or both. Photographs of other patients are also an invaluable tool when counseling with prospective patients.

Laboratory Work Authorization

The laboratory work authorization is a prescription written by the dentist and sent to



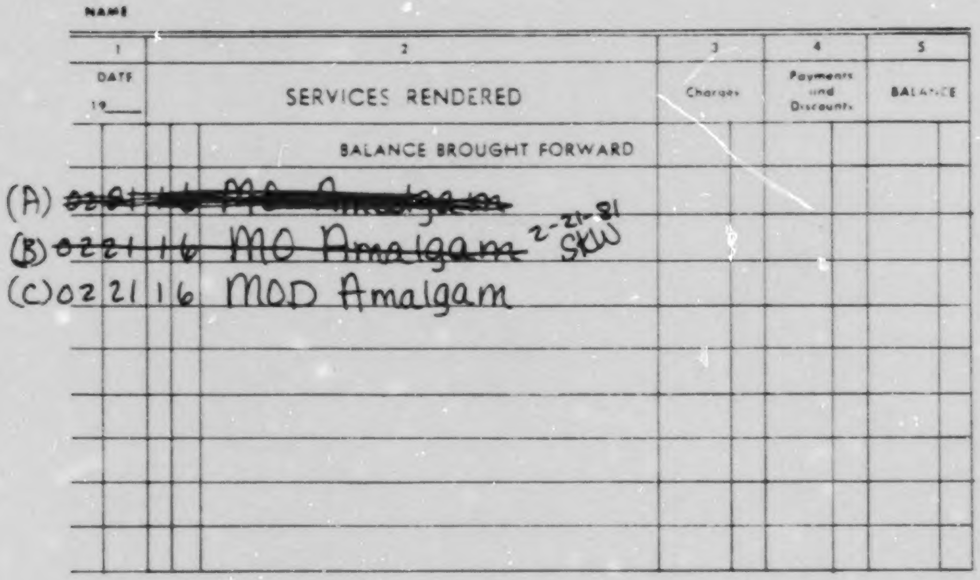
NAME

1			2	3	4	5
DATE 1982			SERVICES RENDERED	Charges	Payments and Discounts	BALANCE
			BALANCE BROUGHT FORWARD			
04	11	#7	Occlusal Amalgam, base			
05	15	#9	Distal-occlusal, gold inlay			

CARD NO.

1			2	3	4	5
DATE 1982			SERVICES RENDERED	Charges	Payments and Discounts	BALANCE
			BALANCE BROUGHT FORWARD			
04	11	#7	O-Am - BA			
05	15	#9	DO-GI			

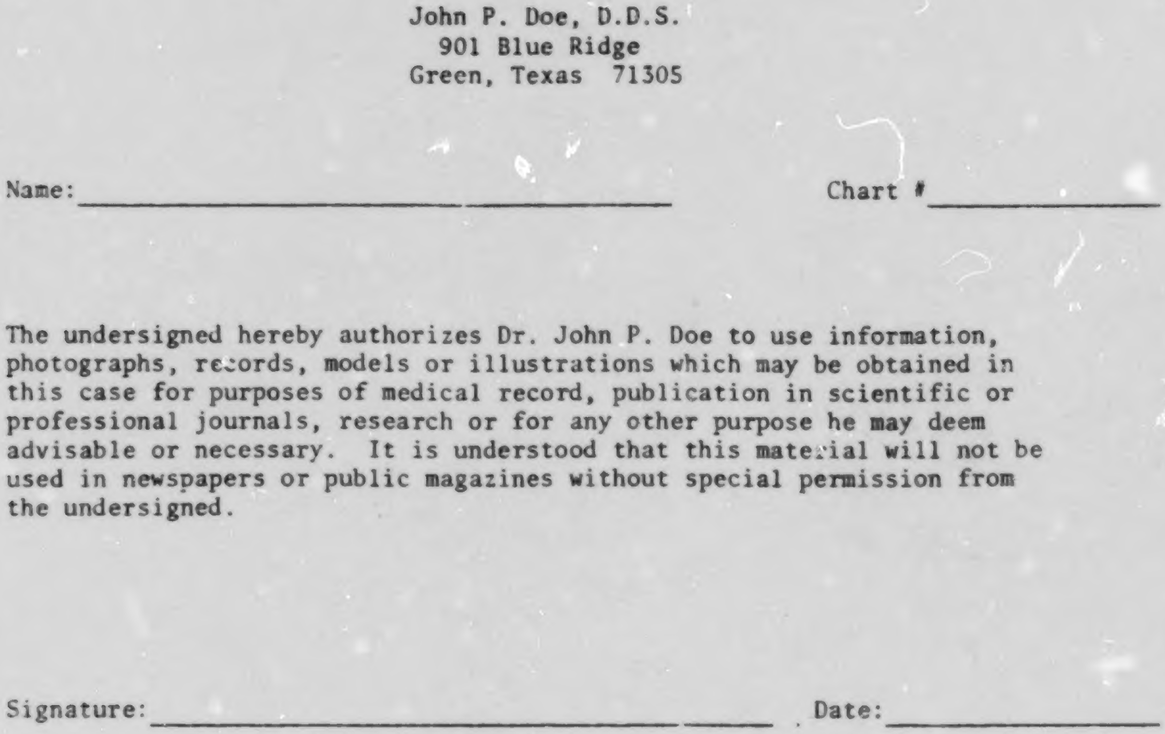
Fig. 11. Treatment record entries



NAME

1				2	3	4	5
DATE 19___				SERVICES RENDERED	Charges	Payments and Discounts	BALANCE
				BALANCE BROUGHT FORWARD			
(A) [redacted]							
(B) ~~02~~	~~21~~	~~1~~	~~6~~	~~MO Amalgam~~ 2-21-81 SKW			
(C) 02	21	1	6	MOD Amalgam			

Fig. 12. *Correcting an error on a clinical record*



John P. Doe, D.D.S.
901 Blue Ridge
Green, Texas 71305

Name: ____________________ Chart # ____________

The undersigned hereby authorizes Dr. John P. Doe to use information, photographs, records, models or illustrations which may be obtained in this case for purposes of medical record, publication in scientific or professional journals, research or for any other purpose he may deem advisable or necessary. It is understood that this material will not be used in newspapers or public magazines without special permission from the undersigned.

Signature: ____________________ Date: ____________

Fig. 13. Consent form

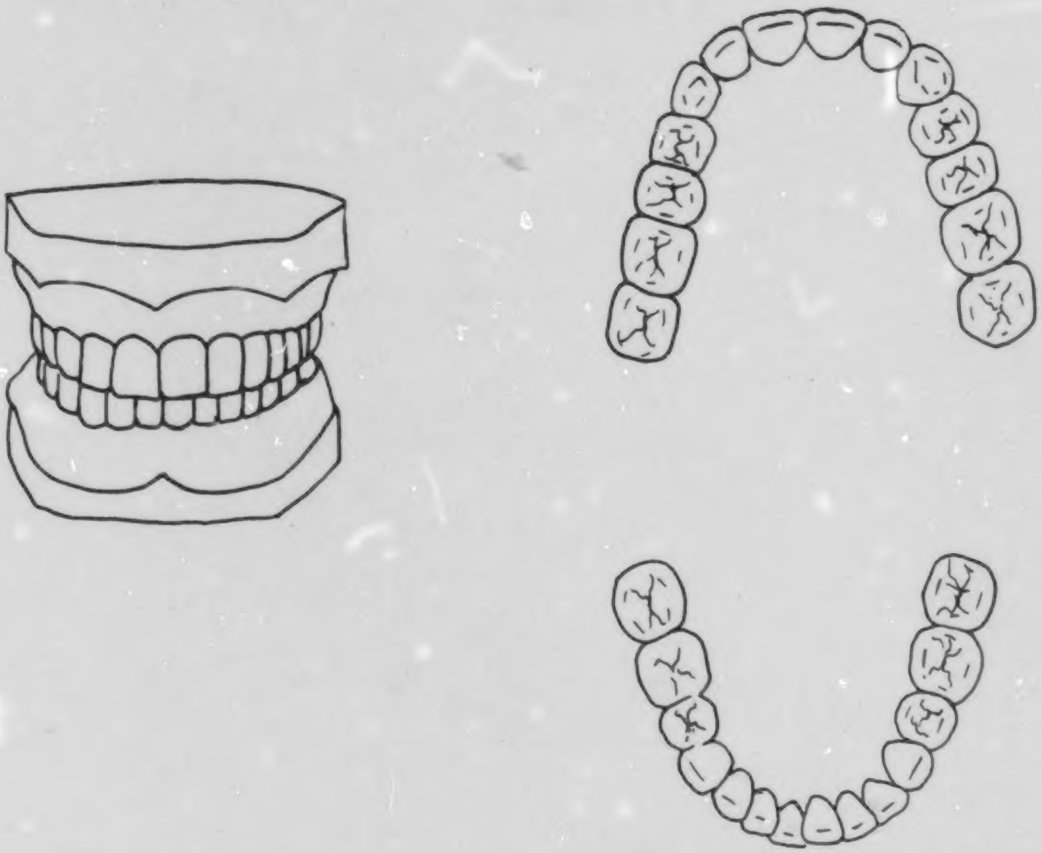


Fig. 14. Study models (casts)

the lab with each impression or model. This prescription acts as a blueprint for what the dentist wants the laboratory technician to make, be it a full crown or a full denture.

The laboratory work authorization (fig. 15) has places for (1) the name and address of the laboratory, (2) the patient's name and address, (3) the shade to be used for the tooth or teeth, (4) the date the dentist would like the case returned, and (5) the date the case is sent to the lab. The space for the case number is for the use of the lab, which assigns a number to each case when it comes in. There is then space for the dentist's instructions, signature, and license number.

There are two copies of the laboratory work authorization. The top copy is sent to the lab, and the bottom copy is kept in the patient's chart.

Recall and Insurance Information

Patient recall information and insurance claim forms are also considered secondary records, but will be discussed in detail in Units Two and Three.

Correspondence

Written correspondence between the dental office and the patient can be of a business or public relations nature. **Business** correspondence would refer to letters about recall appointments, broken appointments, or financial arrangements. **Public relations** letters would include referral letters—when the dentist thanks a patient of record for referring a new patient to the office. Some offices even send out cards for birthdays and special holidays, such as Christmas. Other correspondence between dental offices involves patients who are being referred to a specialist for treatment or consultation.

Filing

All of the primary records (acquaintance form, medical health history, dental health history, treatment outline, treatment record, radiographs, and consent forms) are usually kept in a pocket type of folder known as the **patient chart** (fig. 16). To this folder may be added the following secondary records: recall information, laboratory work authorizations, insurance claim forms, photographs, and correspondence. This enables the dental team to have at their fingertips most of the information acquired about each patient.

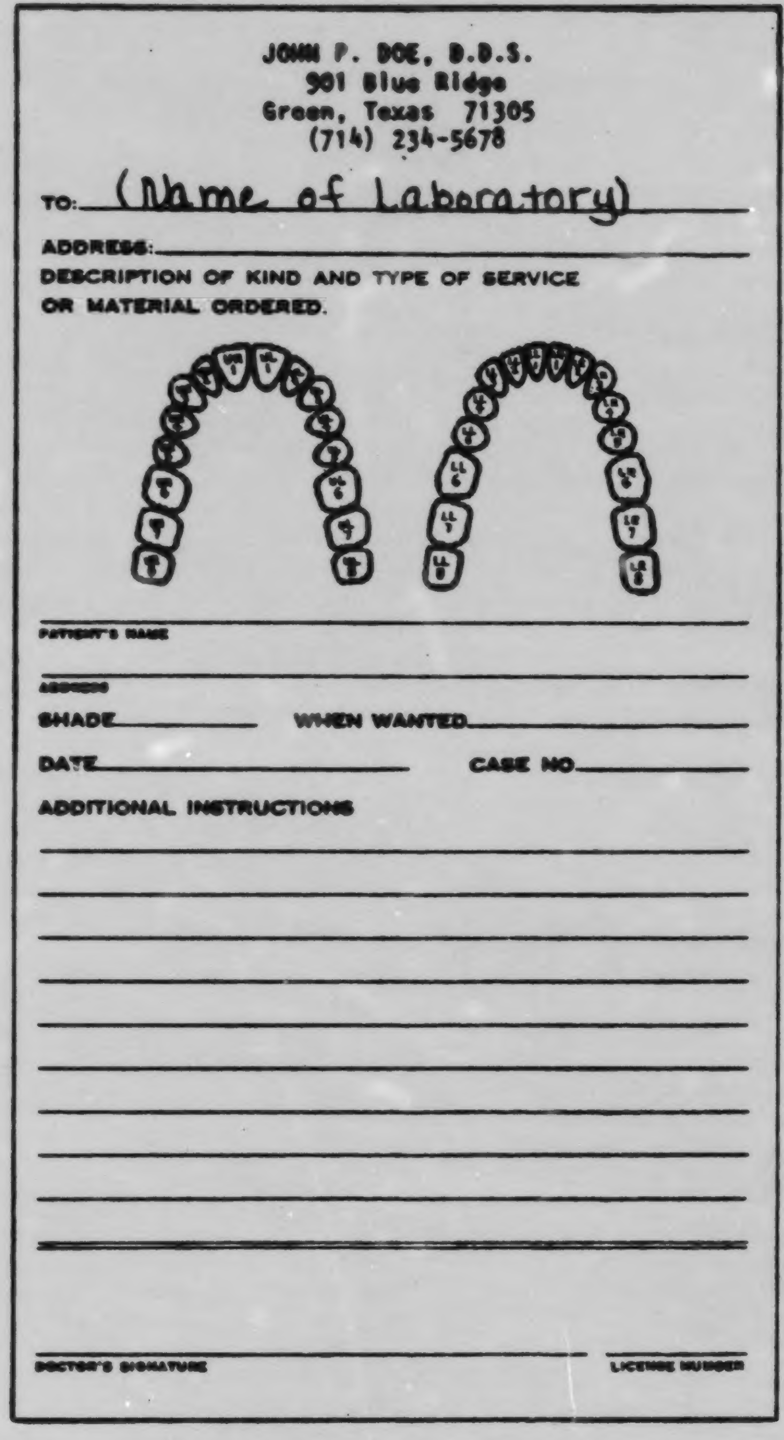
In most dental practices, patient charts are usually filed in alphabetical order. Therefore, it is very important that all forms have the patient's full name (spelled correctly), with the last name first. In the larger group practices and clinics, patients are assigned a number and all charts are filed accordingly. When using the numerical method, all of the patients' records must have their chart number as well as their full name. An alphabetic index is used as a key in locating the chart numbers.

Where the patient charts are kept depends not only on the filing method used (alphabetical or numerical) but also on how the charts are **tagged** (placement of the name or number on the chart). Figure 17 shows three methods of tagging—horizontal, lateral, and vertical. The vertical file cabinet (fig. 18A) is ideal for charts tagged horizontally. The lateral file cabinet (fig. 18B), the round filing carousel (fig. 18C), and shelf filing on stationary shelves built on the wall (fig. 18D) are good for charts tagged vertically or laterally.

Study models are too large and cumbersome to be kept in the patient chart. Study models should be accurately labeled with the patient's name, the date the models were made, and the chart number (if one is used) (fig. 19). They are then placed in individual (labeled) boxes, which can be stacked on shelves, or the models are placed directly onto shelves specifically designed for this purpose with the labeled side facing out so it can be easily read.

Storage of Records

Authorities differ in their views as to the length of time inactive records should be kept. Some say five years, some ten years, and still others say forever. One rule of thumb to go by, however, would be the statute of limitations in your state. Storage of inactive records also depends on the amount of space available in your office. Patient charts and other records kept in file folders can be placed in boxes, and the boxes can be labeled and then stacked when they are full. Inactive records should be stored so that they can be easily retrieved if needed.


UR 1
UL 1
UL 6
LL 6
LL 7
LL 8
LR 6
LR 7
LR 8

JOHN P. DOE, D.D.S.
901 Blue Ridge
Green, Texas 71305
(714) 234-5678

TO: (Name of Laboratory)

ADDRESS: ____________________

DESCRIPTION OF KIND AND TYPE OF SERVICE OR MATERIAL ORDERED.

____
PATIENT'S NAME

____
ADDRESS

SHADE __________ WHEN WANTED __________

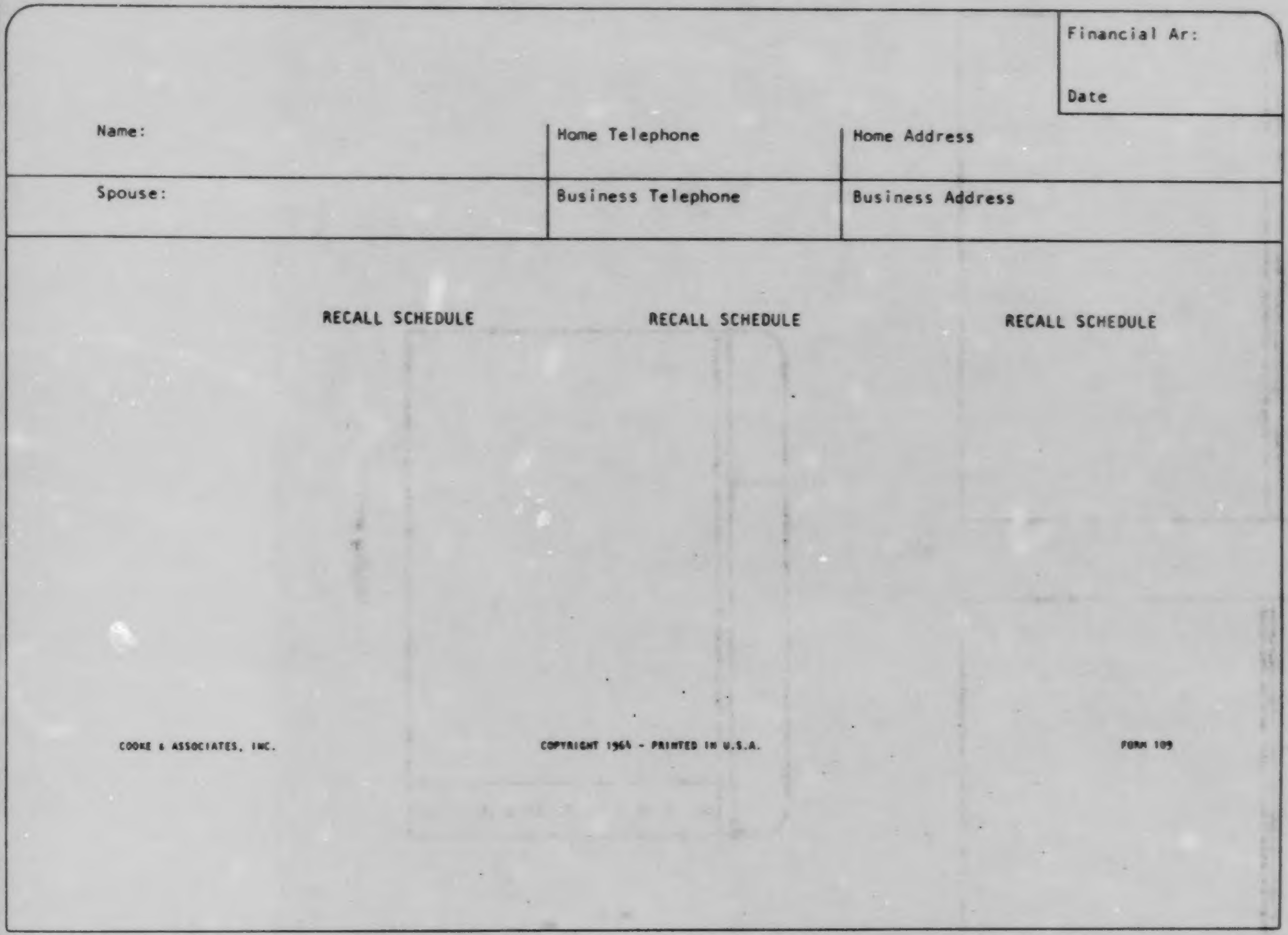
DATE __________ CASE NO. __________

ADDITIONAL INSTRUCTIONS

____
DOCTOR'S SIGNATURE

____
LICENSE NUMBER

Fig. 15. Laboratory work authorization



			Financial Ar: Date
Name:	Home Telephone	Home Address	
Spouse:	Business Telephone	Business Address	

RECALL SCHEDULE RECALL SCHEDULE RECALL SCHEDULE

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Fig. 16. Patient chart

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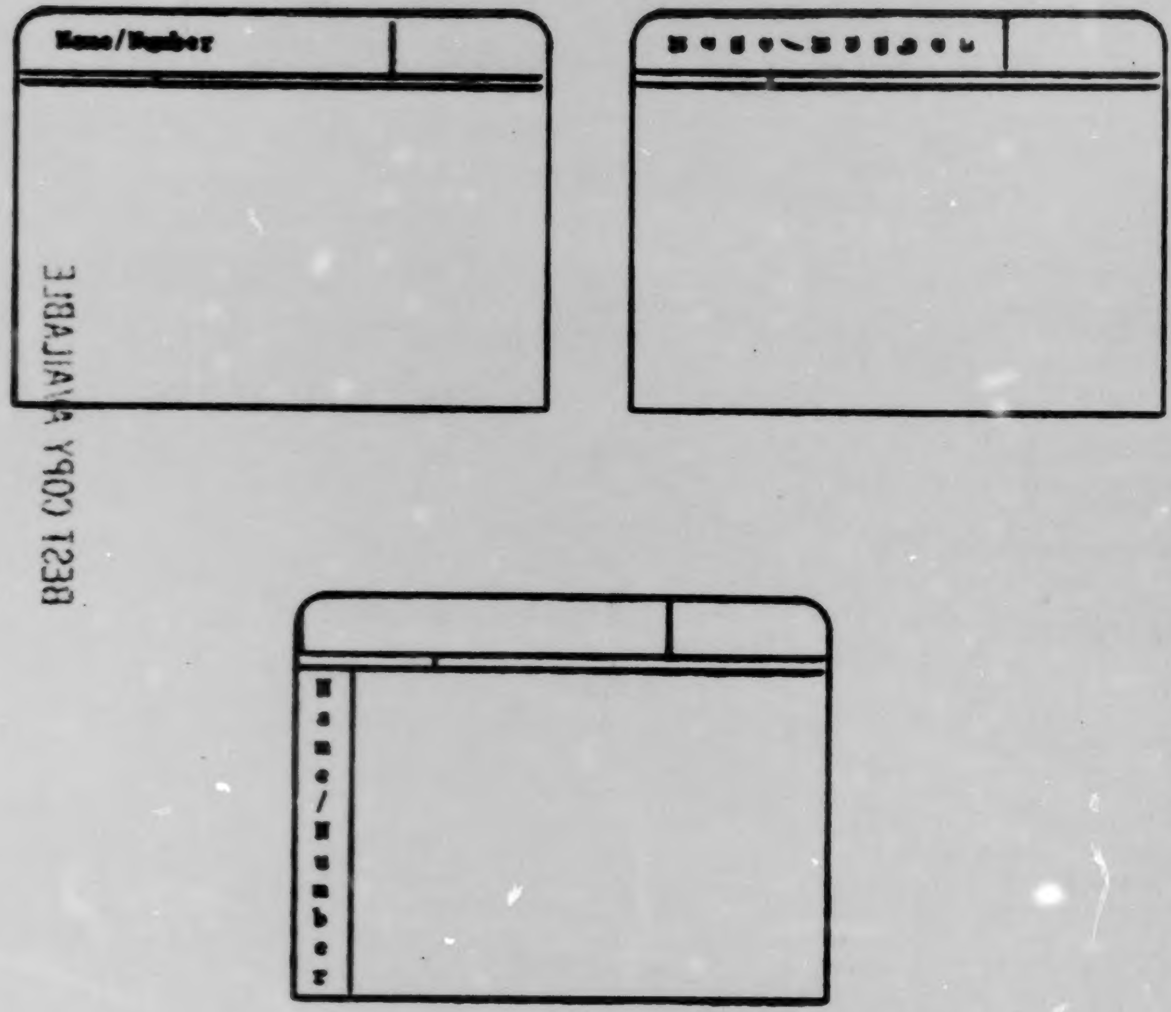
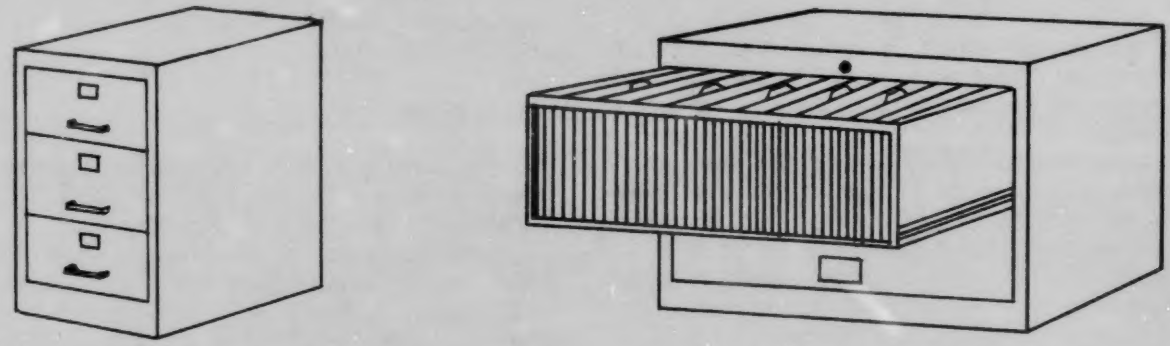
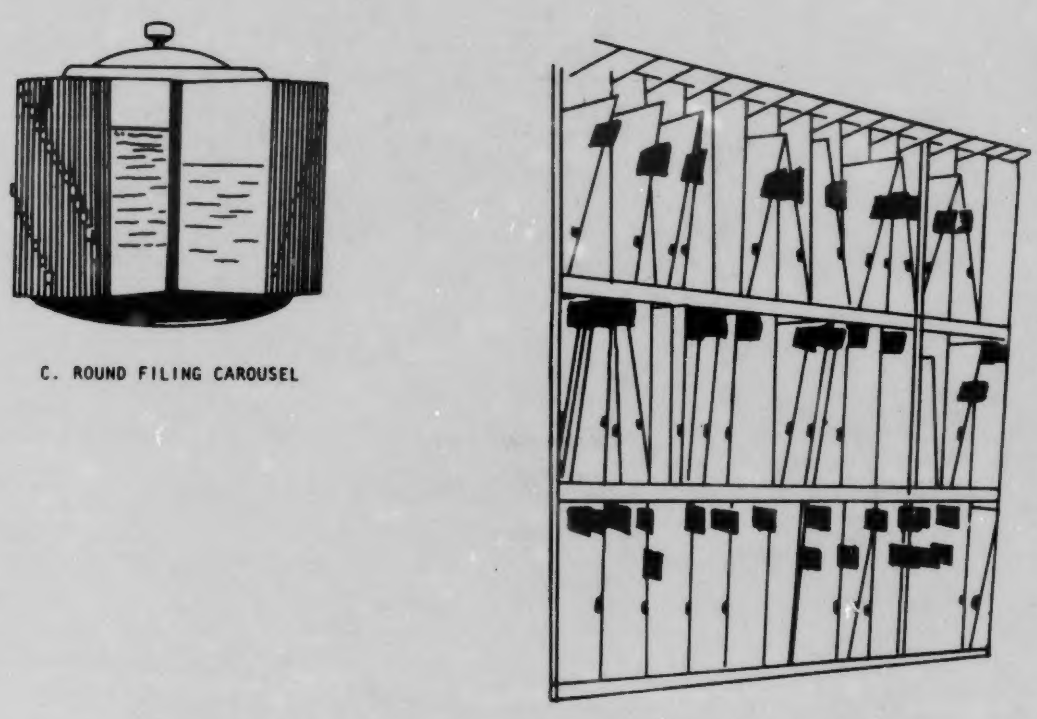

Name/Number
N a m e / N u m b e r
N a m e / N u m b e r

Fig. 17. Tagging methods



A. VERTICAL FILE CABINET

B. LATERAL FILE CABINET



C. ROUND FILING CAROUSEL

D. STATIONARY SHELF FILING

Fig. 18. Storage areas

Transfer of Records

Sometimes a patient is referred to another doctor for treatment (such as to an oral surgeon for extractions), or a patient may be moving out of the city and will be going to another dentist. This means that the radiographs and other pertinent information from the patient chart (such as what treatment has been performed and the past medical history) will be transferred from one dental office to another.

When items are transferred, the following information should be entered in the patient chart: (1) date of transfer, (2) name and address of dentist to whom they are being sent, and (3) if treatment is being requested, a copy of the instructions to the dentist. Whenever possible, duplicates of the necessary information should be sent and the originals kept in your office.

Rights of Patients

Patients have a right to good dental care and to pay a reasonable fee for that care. The patient also has the right to have that care and treatment kept private and confidential. Charts should not be left lying about where another patient could pick them up and read them. Charts should be returned to the files as soon as the office visit is completed.

Discussing one patient with another or showing any part of a patient's clinical record in public without his/her written consent is considered an invasion of privacy.

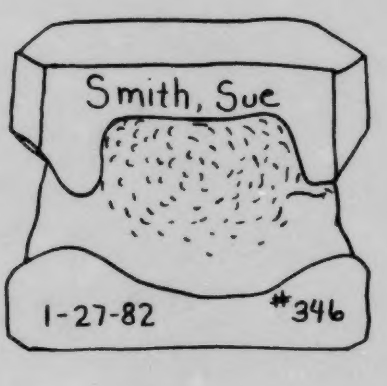


Fig. 19. Labeled study models

Unit
TWO
Dental Insurance

Objectives: *After completing this unit, you will be able to—*

1. *identify the four parties involved in dental insurance;*
2. *identify the following dental insurance terms: annual maximum, assignment of benefits, beneficiary, carrier, dependents, eligible individual, subscriber, contracting group, provider, UCR, incentive coinsurance, table of allowances, predetermination, dual coverage, deductible, Medicaid, procedure codes, and prepaid dental care;*
3. *recognize five basic types of dental programs;*
4. *complete an attending dentist's statement;*
5. *use procedure codes for dental insurance claim forms; and*
6. *identify the parts of the procedure codes.*

Dental insurance, third party payment, and prepaid dental care plans are interchangeable terms that have made a tremendous impact on the dental care delivery system today. Patients who previously could not afford regular preventive dental care are now able to receive care not only in the preventive areas of dentistry but also in the specialty areas. There are four parties involved in dental insurance: (1) the patient, (2) the group, (3) the insurance company, and (4) the dentist.

Parties Involved

The **patient** is the first and most important party in dental insurance. There are terms used in insurance that refer to the patient that the assistant must be aware of in order to communicate effectively with the patient and the insurance company.

- **beneficiary**—person eligible to receive benefits under a dental plan.
- **dependents**—spouse (husband or wife) and children of the subscriber.
- **eligible individual**—person allowed to receive benefits under a dental plan.
- **subscriber**—designates the person, usually the employee, who represents the family unit in the dental program.

The **group**—or contracting group, as it is sometimes referred to—consists of people eligible to receive benefits from a dental care plan under a contractual agreement with the insurance company. The contract is negotiated and purchased by an employer or union and offered to employees as a benefit.

The **insurance company** may be referred to as the carrier, the insurer, the underwriter, or the administrative agent. The insurance company collects payments (premiums), pays claims, and provides administrative services for eligible individuals.

The **dentist** may be referred to as the provider. It is the responsibility of the dentist to provide dental services to the patient. The assistant may have the further responsibility of helping the patient by filing insurance claims, filing for predetermination of benefits, and answering questions concerning insurance coverage provided.

Types of Programs

There are five basic types of dental insurance programs offered today: (1) dental service corporations, (2) Blue Cross and Blue Shield, (3) commercial insurance companies, (4) closed panel, and (5) government-sponsored programs.

Dental service corporations are dental health insurance programs organized by individual state dental societies on a not-for-profit basis. The plan functions mainly through the support of the members of the state dental association. These plans are sometimes referred to as "blue tooth" plans because their operation is similar to that of Blue Cross and Blue Shield prepaid plans. Benefits are administered on a usual, customary, and reasonable (UCR) basis or on a table of allowance basis. Dentists providing services under a UCR plan may be required to file their UCR fees (dentist's profile) with the insurance company.

An explanation of usual, customary, and reasonable (UCR) is necessary for how this plan operates. The dentist charges the fee ordinarily charged his/her patients for a specific service, and this fee is known as the usual fee. The insurance company will review the usual fee to determine whether it is customary—that is, within the range of fees charged for the same services by dentists practicing within a specified geographic location. A fee is reasonable if the fee, which is not the dentist's usual fee or is not within the customary range, is justified by more complex treatment.

Most UCR plans apply coinsurance percentages to the benefits, which means the beneficiary shares some of the cost of dental services with the insurance company. For example, the insurance company may cover 70 percent of dental care costs, and the patient pays the remaining 30 percent. The patient is responsible for payment of the balance as a copayment. The UCR program may also have incentive coinsurance. This type of insurance pays for an increasing percentage of the employee's dental costs in succeeding years if the employee has participated in a program of regular dental care for prevention of dental problems.

Blue Cross and Blue Shield plans offer dental insurance as not-for-profit plans either independently or in conjunction with a dental service corporation. The benefits are administered on a UCR basis or on a table of allowance basis. A table of allowances (schedule of allowances or indemnification schedule) is developed by the insurance company, which formulates a list of dental services and assigns a sum that will be paid by the company rather than a percentage. The patient is responsible for the difference between the sum the insurance company will pay and the fee the dentist may charge (see fig. 1).

Commercial insurance companies pay benefits on a UCR basis or a table of allowance basis.

Closed panels are for patients eligible for dental services in a public or private program at specified facilities by a limited number of dentists. Patients do not have a choice of dentists, and the dentist receives a fixed monthly or yearly payment based on the number of patients assigned for treatment whether or not treatment is actually administered. Dentists may also be paid on a salary basis or a fixed fee.

Government-sponsored programs include Medicaid and Health Maintenance Organizations (HMO). With this type of plan, comprehensive dental care is delivered to a group of subscribers at a single premium. The HMO is both the provider and the insurer. A single premium per family or individual covers the cost of dental care to all participants regardless of the number of times they use the plan. Medicaid is a federally funded program under the Social Security Amendment of 1965, which authorized states to implement dental programs for low-income families. The program varies considerably from state to state, and the regulations and requirements change constantly. For these reasons, the assistant must keep informed of the current regulations and requirements.

Types of Coverage

With the number of dental plans available, the assistant must be aware of the types of coverage available to patients. These include (1) usual, customary, and reasonable (UCR), (2) prepayment, (3) predetermination, and (4) dual coverage.

UCR has been discussed previously, and the plans that have been described are all examples of **prepayment** types of coverage.

Predetermination involves the submission of a proposed treatment plan in advance of actual treatment. This proposed treatment plan should include any fees involved. The terms **prior authorization** and **precertification** are used interchangeably with predetermination. Upon receiving the predetermination form, the insurance company will provide information on which services are covered and an estimate of the amount the company will pay toward dental treatment. This will include application of any deductibles that have not been met (amount that must be paid by the patient before insurance coverage takes effect) and amounts payable by the company for each service, as well as

USUAL, CUSTOMARY AND REASONABLE

Coverage: 80% of Basic Services

Total Fee: $400.00

Insurance Company Pays: $320.00 (80% of UCR)

Patient Pays: $80.00

TABLE OF ALLOWANCE

Coverage: 90% of Basic Services

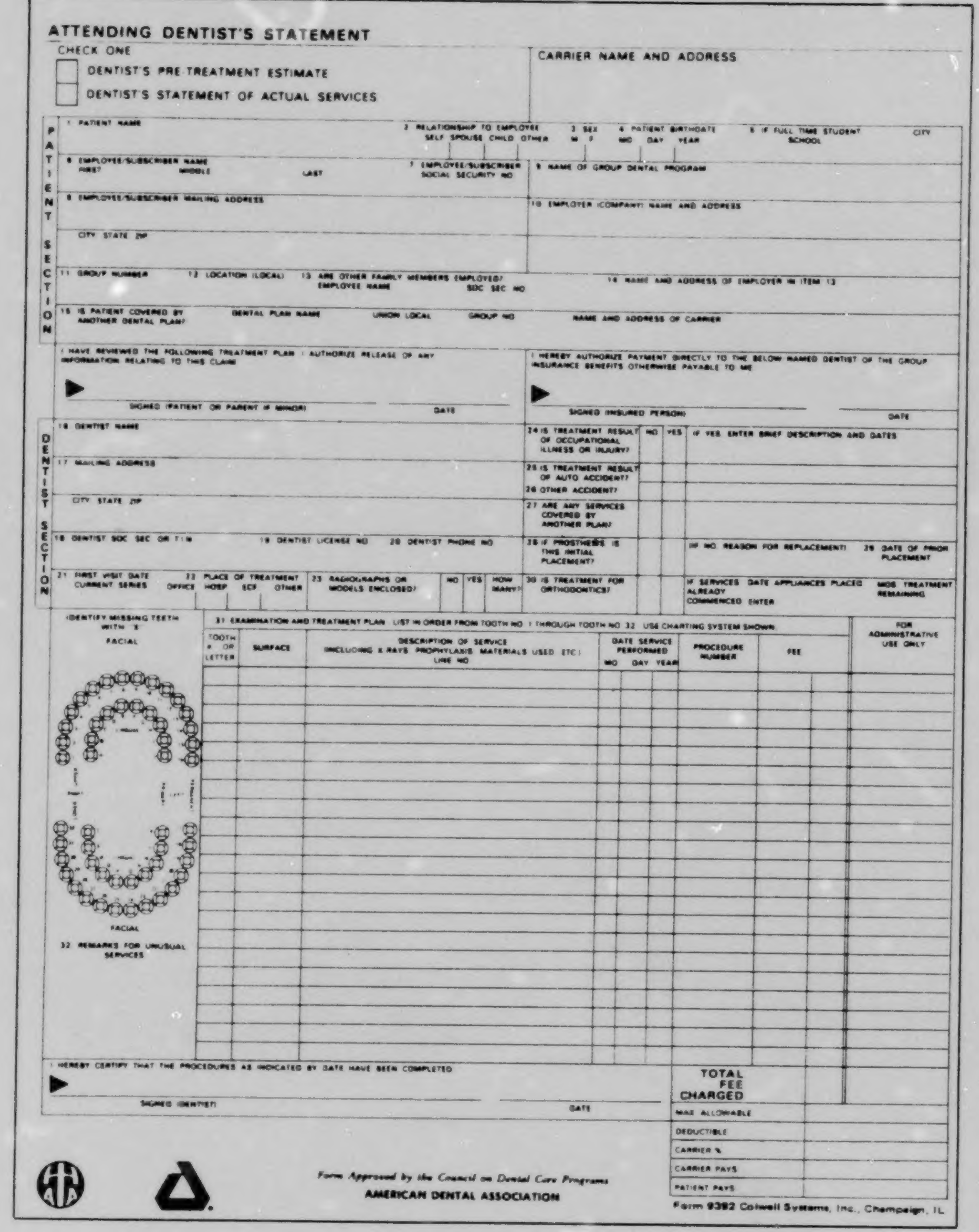
Total Fee: $400.00

Total Table of Allowance : $350.00

Insurance Company Pays: $315.00 (90% of Total Table of Allowance)

Patient Pays: $85.00

Fig. 1. Basis for payment of benefits



ATTENDING DENTIST'S STATEMENT

CHECK ONE

☐ DENTIST'S PRE-TREATMENT ESTIMATE
☐ DENTIST'S STATEMENT OF ACTUAL SERVICES

CARRIER NAME AND ADDRESS

PATIENT SECTION

1 PATIENT NAME
2 RELATIONSHIP TO EMPLOYEE SELF SPOUSE CHILD OTHER
3 SEX M F
4 PATIENT BIRTHDATE MO DAY YEAR
5 IF FULL TIME STUDENT SCHOOL CITY
6 EMPLOYEE/SUBSCRIBER NAME FIRST MIDDLE LAST
7 EMPLOYEE/SUBSCRIBER SOCIAL SECURITY NO
8 EMPLOYEE/SUBSCRIBER MAILING ADDRESS
CITY STATE ZIP
9 NAME OF GROUP DENTAL PROGRAM
10 EMPLOYER (COMPANY) NAME AND ADDRESS
11 GROUP NUMBER
12 LOCATION (LOCAL)
13 ARE OTHER FAMILY MEMBERS EMPLOYED? EMPLOYEE NAME SOC SEC NO
14 NAME AND ADDRESS OF EMPLOYER IN ITEM 13
15 IS PATIENT COVERED BY ANOTHER DENTAL PLAN? DENTAL PLAN NAME UNION LOCAL GROUP NO NAME AND ADDRESS OF CARRIER

I HAVE REVIEWED THE FOLLOWING TREATMENT PLAN. I AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO THIS CLAIM

▶
SIGNED (PATIENT, OR PARENT IF MINOR) DATE

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE BELOW NAMED DENTIST OF THE GROUP INSURANCE BENEFITS OTHERWISE PAYABLE TO ME

▶
SIGNED (INSURED PERSON) DATE

DENTIST SECTION

16 DENTIST NAME
17 MAILING ADDRESS
CITY STATE ZIP
18 DENTIST SOC SEC OR T.I.N.
19 DENTIST LICENSE NO
20 DENTIST PHONE NO
21 FIRST VISIT DATE CURRENT SERIES
22 PLACE OF TREATMENT OFFICE HOSP ECF OTHER
23 RADIOGRAPHS OR MODELS ENCLOSED? NO YES HOW MANY?

	NO	YES	
24 IS TREATMENT RESULT OF OCCUPATIONAL ILLNESS OR INJURY?			IF YES, ENTER BRIEF DESCRIPTION AND DATES
25 IS TREATMENT RESULT OF AUTO ACCIDENT?			
26 OTHER ACCIDENT?			
27 ARE ANY SERVICES COVERED BY ANOTHER PLAN?			
28 IF PROSTHESIS, IS THIS INITIAL PLACEMENT?			(IF NO, REASON FOR REPLACEMENT) 29 DATE OF PRIOR PLACEMENT
30 IS TREATMENT FOR ORTHODONTICS?			IF SERVICES ALREADY COMMENCED, ENTER: DATE APPLIANCES PLACED MOS. TREATMENT REMAINING

IDENTIFY MISSING TEETH WITH "X"

FACIAL

FACIAL

32 REMARKS FOR UNUSUAL SERVICES

31 EXAMINATION AND TREATMENT PLAN — LIST IN ORDER FROM TOOTH NO. 1 THROUGH TOOTH NO. 32 — USE CHARTING SYSTEM SHOWN

TOOTH # OR LETTER	SURFACE	DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.) LINE NO	DATE SERVICE PERFORMED MO	DAY	YEAR	PROCEDURE NUMBER	FEE	FOR ADMINISTRATIVE USE ONLY

I HEREBY CERTIFY THAT THE PROCEDURES AS INDICATED BY DATE HAVE BEEN COMPLETED

▶
SIGNED (DENTIST) DATE

TOTAL FEE CHARGED	
MAX. ALLOWABLE	
DEDUCTIBLE	
CARRIER %	
CARRIER PAYS	
PATIENT PAYS	

Form Approved by the Council on Dental Care Programs
AMERICAN DENTAL ASSOCIATION

Form 9382 Colwell Systems, Inc., Champaign, IL

Fig. 2. *Attending dentist's statement form*

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amount payable by the patient for each service. There may also be an annual maximum in which the insurance company will pay no more than a stated amount in each policy year.

Dual coverage occurs when a patient is covered under more than one group dental plan. Benefits paid by all plans will not exceed 100 percent of the dentist's charges after each deductible has been met. This situation requires coordination of benefits to determine who is the primary carrier and who is secondary. Generally, in a family situation, the father's carrier is primary and the mother's is secondary.

Claim Forms

Claim forms are required for reporting and receiving reimbursement for dental services performed. There are many different types of claim forms available as each insurance company has its own form. There is a uniform report form known as the "Attending Dentist's Statement" that is widely accepted by most dental insurance companies (shown in figure 2, reduced). A detailed description of the information found on this form is as follows:

A. **Dentist's Pretreatment Estimate or Statement of Actual Services:** The first box is checked when the form is submitted for predetermination of benefits. The second box is checked when the form is submitted for payment of the claim.

B. **Carrier Name and Address:** The insurance company's name and address will either be preprinted in the space or will need to be typed in.

C. **Patient Information Section:**

1. Patient's Name: The patient's full name should be used for proper identification.
2. Relationship to Employee: The employee (subscriber) relationship to the patient affects the patient's eligibility.
3. Sex: This is for identification purposes.
4. Patient Birthdate: This is for additional identification and for determining eligibility.
5. Full-time Student: This is for eligibility.
6. Employee/Subscriber Name: Identifies the insured person.
7. Employee/Subscriber Social Security Number: Information used for filing.
8. Employee/Subscriber Mailing Address: This is needed to locate patient.
9. Name of Group Dental Program: Example——IT&T
10. Employer Name and Address: This is needed to locate the company that employs the subscriber.
11. Group Number: This refers to the contract policy number or the number appearing on the patient's identification card for insurance.
12. Location (Local): This refers to the union local number if the subscriber is employed by a union.
13. Are Other Family Members Employed? Questions 13, 14, and 15 are for determination of coverage under more than one dental insurance policy. It also determines whether coordination of benefits will be necessary.
14. Name and Address of Employer in Item 13: See above.
15. Is Patient Covered by Another Dental Plan? If yes, it will be necessary to coordinate benefits.

D. **Release of Information:** The patient's permission is necessary to release information relating to treatment or conditions present. This is signed by the patient, or parent if the patient is a minor.

E. **Assignment of Benefits:** If payment is to be made directly to the dentist, this block must be completed and signed by the subscriber, not the patient.

F. **Dentist Information Section:**

16, 17. Dentist's Name and Mailing Address: This section may be completed by typing in the information or using a rubber stamp.

18. Dentist Social Security or Tax Identification Number (SSN or TIN): These numbers are used for identification and filing purposes.
19. Dentist License Number: This is used for identification and for use in numerical or computerized filing systems.

20. Dentist Phone Number: The area code and the number should be included in this section in case the dentist must be notified for any reason.

G. Information Specific to This Claim:

21. First Visit Date Current Series: This date determines which services are covered when a patient becomes eligible to receive benefits in the middle of an active treatment plan.
22. Place of Treatment: This also determines if coverage is applicable. If "other" is checked, use the entire space to identify the location. ECF stands for "extended care facility."
23. Radiographs or models enclosed? If diagnostic materials are submitted to the insurance company, this box should be checked to ensure that the dentist receives them back.
24. Is Treatment Result of Occupational Illness or Injury? This will indicate whether worker's compensation applies, which would change the coverage that would be available.
25. Is Treatment Result of Auto Accident? This affects responsibility of payment of the claim. It could be either the patient's auto insurance company or the other party's insurance company that would be responsible for the payment of the claim.
26. Other Accident? This is to determine appropriate coverage and responsibility.
27. Are Any Services Covered by Another Plan? This is to check other information given by the patient.
28. If Prosthesis, Is This Initial Placement? This is necessary to determine eligibility and liability.
29. Date of Prior Placement: Contracts specify time limitations concerning the placement or replacement of dentures.
30. Is Treatment for Orthodontics? If covered, dates and months of treatment remaining will affect the monthly payments made to the dentist.

H. Examination and Treatment Plan:

31. a. Tooth Diagram: Missing teeth should be marked with an "X"; other conditions should be charted accordingly.
    b. Tooth Number or Letter: Universal number system is used.
    c. Surfaces: Use the letter abbreviations.
    d. Description of Service: List only one procedure per line. Use generic names for materials.
    e. Date Service Performed: Needed for determining benefits.
    f. Procedure Number: Use procedure codes as specified by the carrier. The most commonly used is the ADA procedure code.
    g. Fee: The dentist lists the fee here. At the bottom of the list, place the total fees charged.
32. Remarks for Unusual Services: If description will not fit in space, attach a detailed description on the dentist's letterhead.

For Administrative Use Only: Do not write in this space. The insurance company will complete maximum allowable, deductible, carrier percentage, carrier pays, and patient pays sections.

I. **Dentist's Signature:** The dentist must sign the completed claim form to attest that he/she has provided and completed the services listed on the form.

A Superbill (trade name) may be used with pegboard record-keeping systems to simplify the process of completing claim forms. The use of this form is explained in Unit Five, "Financial Records."

Procedure Codes

The code is a five-digit system. (See Table 1.)

1. The first digit is zero and identifies the procedure as dental.
2. The second digit identifies the category of dental service.
3. The third digit identifies the class of service in the dental category.
4. The fourth digit identifies the subclass of a specific procedure.
5. The fifth digit allows for expansion of the code if it becomes necessary.

Although there are hundreds of code numbers, twenty-three codes account for more than 84 percent of the total number of procedures.[1] This will greatly alleviate any reluctance on the part of the assistant at having to memorize the codes.

TABLE 1

Procedure Codes

Categories	Code Series
Diagnostic	00100 to 00999
Preventive	01000 to 01999
Restoration	02000 to 02999
Endodontics	03000 to 03999
Periodontics	04000 to 04999
Prosthodontics, removable	05000 to 05999
Prosthodontics, fixed	06000 to 06999
Oral surgery	07000 to 07999
Orthodontics	08000 to 08999
Adjunctive general services	09000 to 09999

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[1] Ann Ehrlich, Managing Insurance Claims in the Dental Office (Champaign, Ill.: Colwell, 1977), p. 29.

Unit

THREE

Recall Systems

Objectives: *After completing this unit, you will be able to—*

1. *define a dental recall system;*
2. *state two advantages to the dental patient of being placed on a recall schedule;*
3. *describe what is accomplished at a recall visit;*
4. *describe three methods of recall;*
5. *determine the month for a patient's recall visit based on the dentist's assessment of patient need;*
6. *describe the single-card file method of establishing a recall system; and*
7. *describe the double-card file method of establishing a recall system.*

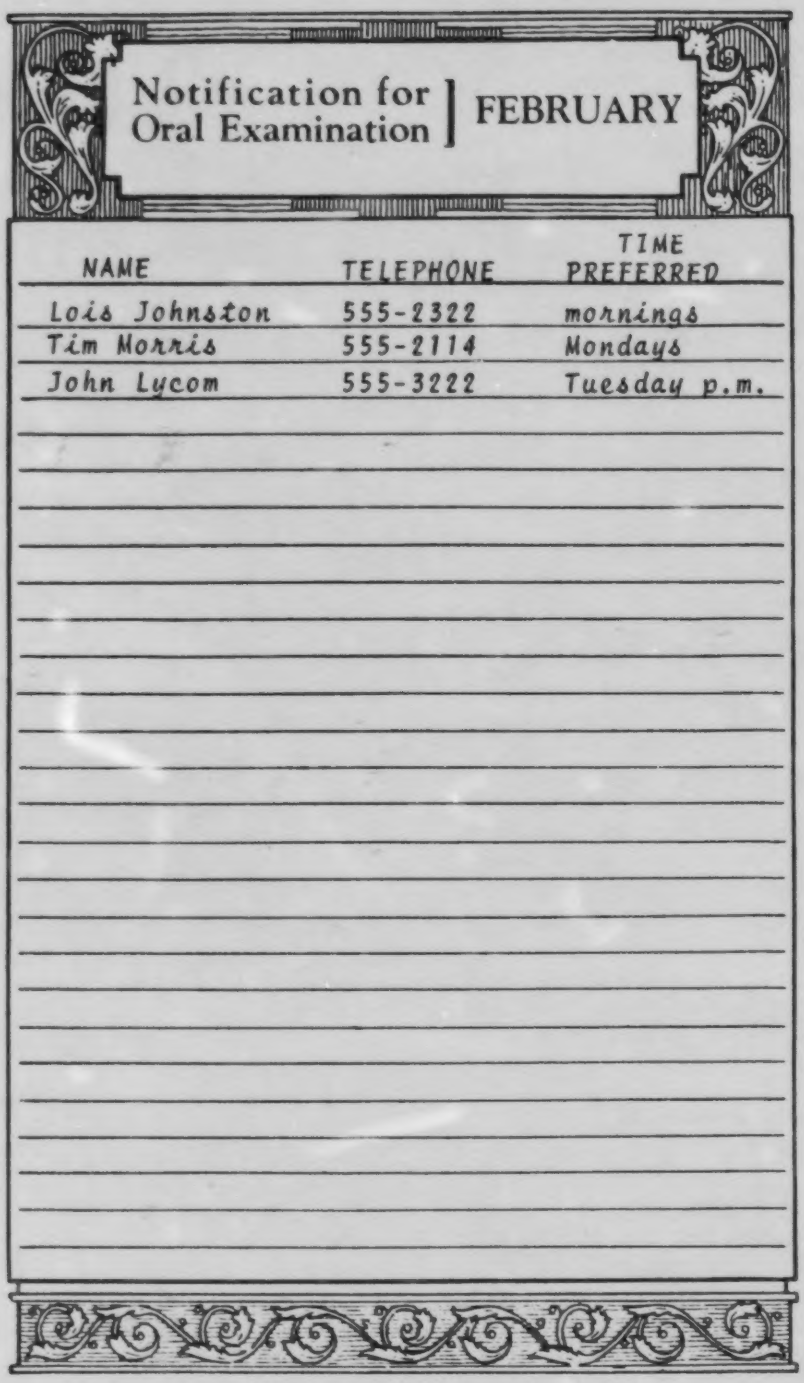
A dental recall system is used to provide a systematic means of notifying patients to return to the dental office for their periodic examination, prophylaxis, and X-rays if needed. The recall system allows a patient to have an active role in his/her own preventive care program. Advantages to the patient placed on recall include (1) early detection and treatment of dental problems and (2) continual dental monitoring to prevent deterioration of existing dental work and home care.

There are three general methods for recalling patients: (1) advance appointment system, (2) telephone system, and (3) mail system.

Advance appointment system. As a patient's examination and prophylaxis are completed, the dental assistant will preappoint the patient on a given day at a given time in three, six, nine, or twelve months based on the dentist's assessment of the particular patient's needs. This is set up on the premise that both the patient and the dentist will be available that day in the future, that the patient will still want an appointment that day, and that the dentist will wish to be working that day. It is advisable with this method to confirm patients by mail or telephone just before the appointment, as they may forget appointments made months in advance.

Telephone system. At the back of most dental appointment books are pages with the name of each month at the top to be used for recalling patients (see fig. 1). After determining the month in which the patient needs to be scheduled, the patient's name, telephone number(s), and preferred time of appointment are recorded. Recall patients for the month are contacted at the middle of the preceding month by telephone. Once an appointment has been scheduled, a notation of some type is made next to the patient's name, or a line can be drawn through the patient's name. This method is extremely time-consuming, and the patient usually has to call the office back to accommodate time off from work, child care arrangements, etc.

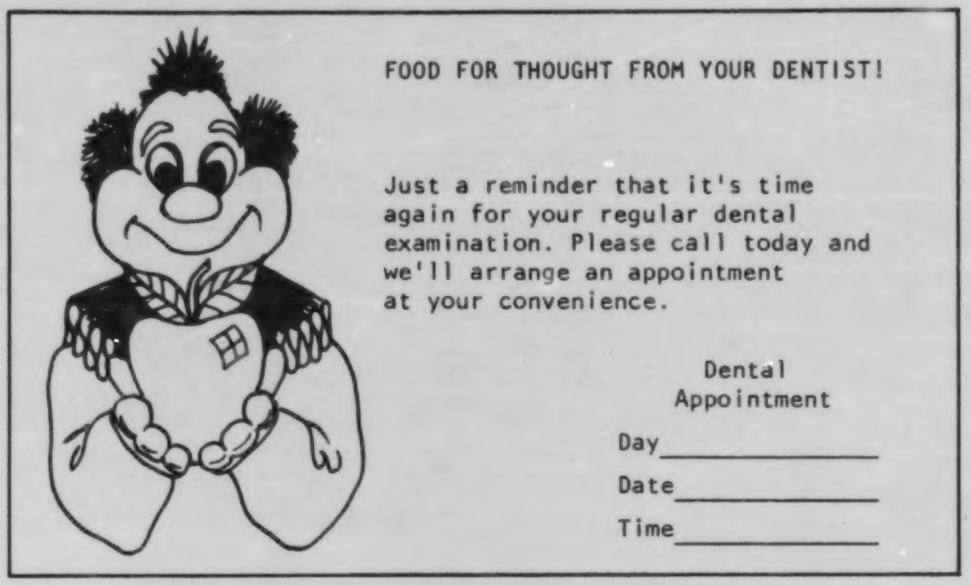
Mail system. Upon completion of the patient's examination and prophylaxis, a postcard is addressed by the dental assistant or by the patient (see fig. 2). When using the postcard system, a single-file method or a double-file method is an effective way to keep track of patients' recall schedules. In the **single-file method**, the postcard is filed chronologically in a separate file box according to the month the patient should return for his/her recall visit. A notation should be made on the patient's chart as to what month the recall is to be scheduled. At the middle of the preceding month, the recall cards for the following month are removed from the



Notification for Oral Examination | FEBRUARY

NAME	TELEPHONE	TIME PREFERRED
Lois Johnston	555-2322	mornings
Tim Morris	555-2114	Mondays
John Lycom	555-3222	Tuesday p.m.

Figure 1.



FOOD FOR THOUGHT FROM YOUR DENTIST!

Just a reminder that it's time again for your regular dental examination. Please call today and we'll arrange an appointment at your convenience.

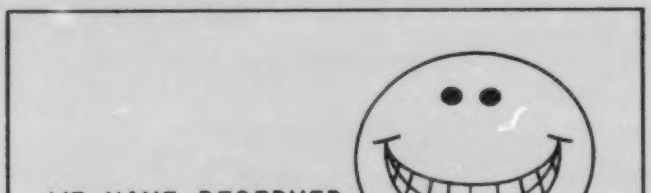
Dental
Appointment

Day_______________

Date_______________

Time_______________

Fig. 2. Postcard reminder



WE HAVE RESERVED
THE DATE SHOWN
FOR YOUR REGULAR
DENTAL CHECK-UP.
IF THIS IS NOT CONVENIENT
FOR YOU, PLEASE CALL
OUR OFFICE.

DATE_________________

AT__________O'CLOCK

DR. B.G. MOLAIRE
1122 TUTHERTEM DR., SUITE 36
MOLEEN, TEXAS 77659
TELEPHONE 123-4567

Fig. 3. Notice of scheduled appointment

Child ____________________ D.O.B ____________________ Home Tel# __________

Address ______________________________ Zip ______________________________

Mother ______________ Work # __________ Father ______________ Work# __________

Best time and place to call ______________ Appt. Time preferred ______________

Brothers or Sisters ______________________________

Recall	Appt.	Treatment	Notes

Recall	Appt.	Treatment	Notes

Fig. 4. *Index card*

file box and mailed out (for example, the cards for patients on an April recall would be removed from the file box and mailed on March 15). Upon receiving the card, the patient calls the office for an appointment.

An alternate method is to schedule an appointment time for the patient and have it written on the postcard notice (see fig. 3). The patient may call the office if the scheduled time is not acceptable and reschedule the recall visit.

A **double-file method** for recall patients involves the use of two files. File 1 is arranged in alphabetical order and has index cards on all patients in the recall system (see fig. 4). The index card contains the following basic information: patient name, address, telephone number(s), and month of recall. File 2 contains index cards of all patients in the recall system and is filed according to the month of each patient's recall. The index cards in File 2 are mailed out on the 15th of the preceding month. This system will function properly only if office policy revolves around the concept of "education." If the patient does not understand the reasons for being fastidious about oral health and the necessity of regular examination, this system will fail.

There are many companies that print recall notices to suit a wide variety of dental practices. One of the more popular uses is in pedodontic practices with cards to appeal to young children.

In order to determine what month a patient should return for his/her recall visit, the dental assistant should first check with the dentist as to what the individual patient's needs are. The usual period of time for dental patients is a six-month recall. If this is the case, just add six to the number of the month for the first half of the year (January-June) or subtract six from the number of the month for the last half of the year (July-December). For example, it is February (month no. 2) and the patient is placed on a six-month recall (2 + 6 = 8, or August). So the patient would need to return to the office in August for his/her periodic dental examination and prophylaxis.

Unit

FOUR

Inventory Control

Objectives: *After completing this unit, you will be able to—*

1. *identify three basic divisions of dental supplies, and give examples of each;*
2. *define an inventory system;*
3. *arrange in order the steps in keeping track of supplies that are ordered;*
4. *identify factors that aid in determining reorder points and maximum and minimum amounts of supplies to be ordered;*
5. *establish reorder points;*
6. *arrange in order the steps for receiving supplies; and*
7. *explain the storage and tagging of new supplies.*

Establishing an efficient inventory system is an extremely important responsibility that is delegated to the dental assistant. A dental office cannot function without the necessary supplies used on a daily basis being on hand whenever needed. The inventory system should be kept simple in order to minimize confusion when ordering dental supplies. Before any discussion on setting up an inventory system can be approached, a basic understanding of the types of supplies is necessary.

Types of Supplies

Dental supplies are divided into (1) expendable supplies, (2) nonexpendable supplies, and (3) capital items. **Expendable** supplies are items that are consumed upon each use (e.g., amalgam, disposable needles, cotton rolls, envelopes). **Nonexpendable** supplies are reusable items that are not highly expensive (such as dental instruments, impression trays, dental burs). **Capital** items are large expensive items that last for a long time (e.g., typewriters, X-ray machines, dental chair).

Most dental supplies will be ordered from a local dental supply house. This is the most convenient method, but not necessarily the most economical. Several dental wholesalers provide catalog ordering with substantial savings, but fast service is forfeited. With catalog ordering, the assistant must look for specials and package deals and order either by tollfree telephone or by mail. With dental supply houses, a salesperson visits the dental office on a periodic basis; informs the dentist and the assistant of any new items available, price specials, or package deals; and handles any problems with items that have been ordered.

Most dental offices use medicaments that cannot be ordered from dental suppliers, but can be ordered from a local pharmacy. These include such supplies as alcohol, saline solutions, analgesics, and smelling salts.

Business supplies, such as stationery, envelopes, and statements, may be purchased from various business office supply companies. There are several options in selecting where business supplies will be ordered. Some companies deal exclusively with medial and dental office supplies and will call on the office periodically to assess needs and inform the office of new forms and offerings. There are also mail-order office supply companies, and selections are made from a catalog. Business supplies may also be purchased at local office supply stores by the assistant.

Basically, an inventory system is a listing of the stock and assets within the dental office. The inventory system can be divided into two parts: (1) capital equipment and (2) expendable and nonexpendable supplies.[1]

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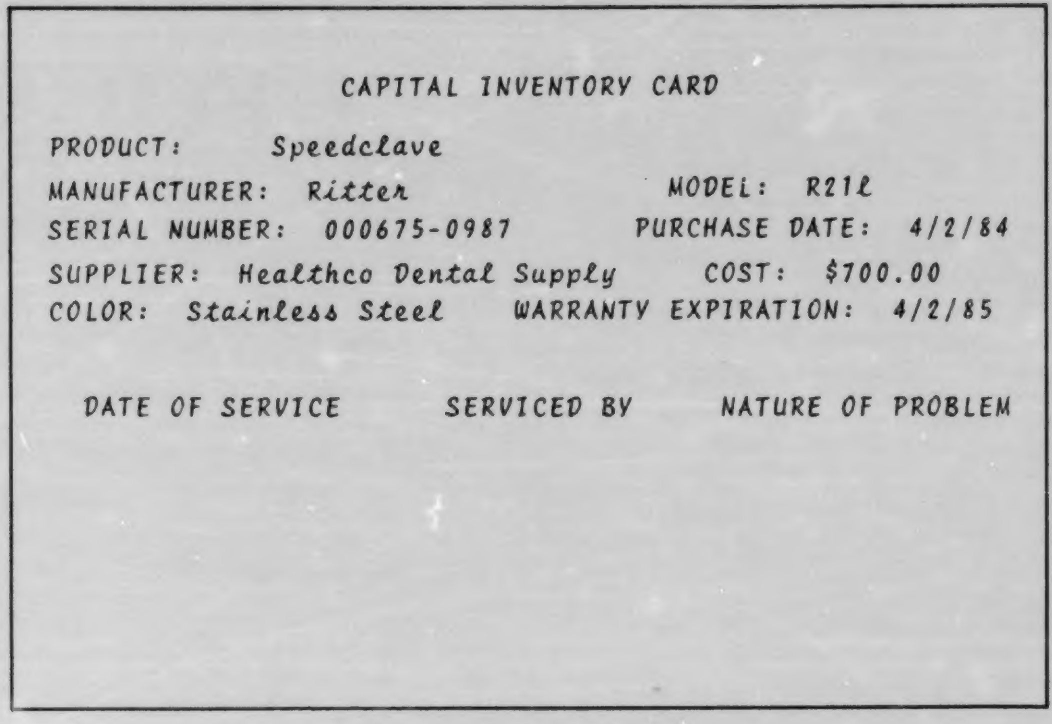
[1] Betty A. Ladley and Jerry Crowe Patt, Office Procedures for the Dental Team (St. Louis: C.V. Mosby, 1977), p. 163.

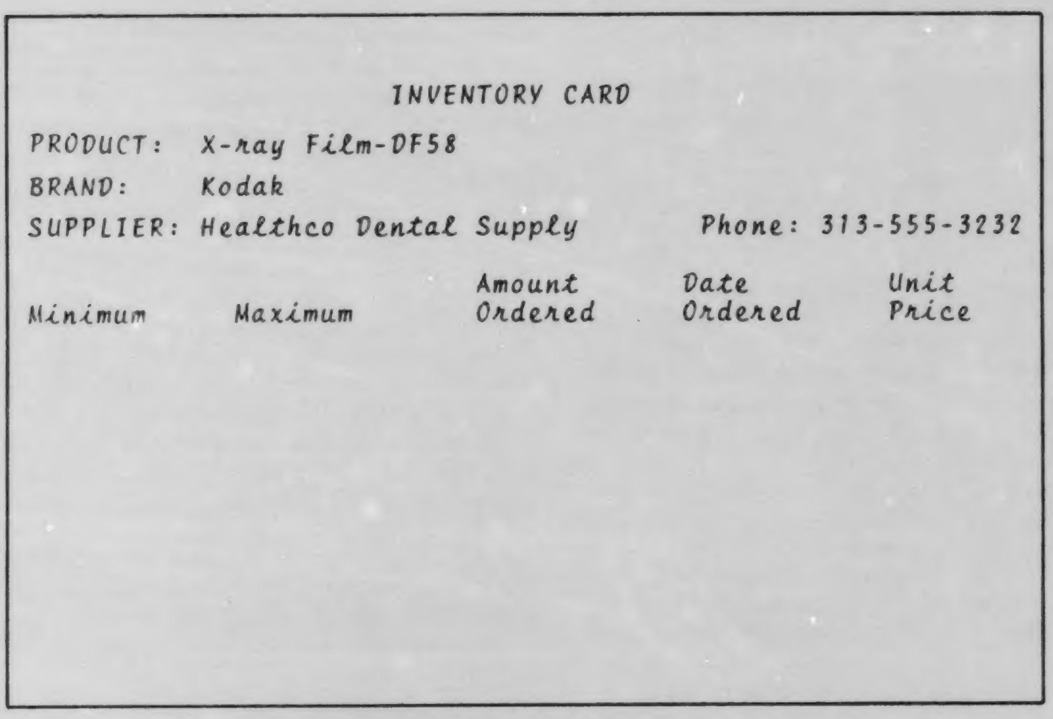


CAPITAL INVENTORY CARD

PRODUCT: Speedclave
MANUFACTURER: Ritter MODEL: R21L
SERIAL NUMBER: 000675-0987 PURCHASE DATE: 4/2/84
SUPPLIER: Healthco Dental Supply COST: $700.00
COLOR: Stainless Steel WARRANTY EXPIRATION: 4/2/85

DATE OF SERVICE	SERVICED BY	NATURE OF PROBLEM

Fig. 1. Capital inventory card



INVENTORY CARD

PRODUCT: X-ray Film-DF58
BRAND: Kodak
SUPPLIER: Healthco Dental Supply Phone: 313-555-3232

Minimum	Maximum	Amount Ordered	Date Ordered	Unit Price

Fig. 2. Inventory card

In order to set up an inventory system for capital equipment, a card is filled out for each item that includes information on the item and its maintenance. Figure 1 shows an example of a capital equipment inventory card.

For nonexpendable supplies, a general listing of the items is usually sufficient for keeping track of them.

With expendable supplies, the need for an inventory system is very important. A card is made out on each item with complete information on the product and the supplier. Figure 2 is an example of an expendable supply inventory card. The cards are filed alphabetically according to the name of the item. When it is necessary to order an item, the card is placed in a file for "items to be ordered." Once ordered, the card is placed in a file for "items on order." When the item is received in the office, the card is placed back in the original alphabetical file. Sometimes the item being ordered is out of stock and therefore not immediately available. The supplier will inform the dental assistant that the item is on back order. The assistant will then place the card in a file for "items on back order."

Some offices recommend the use of a color code system for inventory control. This system uses a colored tag to indicate the status of dental items. That is, cards marked with a red tag indicate "items to be ordered," cards marked with a blue tag indicate "items on order," and cards marked with a green tag indicate "items on back order."

A master list of all supplies in alphabetical order may include the name of the product, the supplier, maximum and minimum numbers to have on hand, and reorder point. Figure 3 is an example of a master supply list for inventory control. The assistant may use the list to update supplies periodically and as a "shopping list" when ordering.

Establishing a Reorder Point

A system must be set up to establish when an item needs to be ordered. This is referred to as determining a reorder point. The most common method of identifying when to reorder is to place a red tag, tab, or tape on the item to be reordered. With this method, a red signal will indicate that there are just enough of a particular item to last until new supplies can be reordered and received. This prevents the dentist from running out of essential supplies needed in the practice of dentistry.

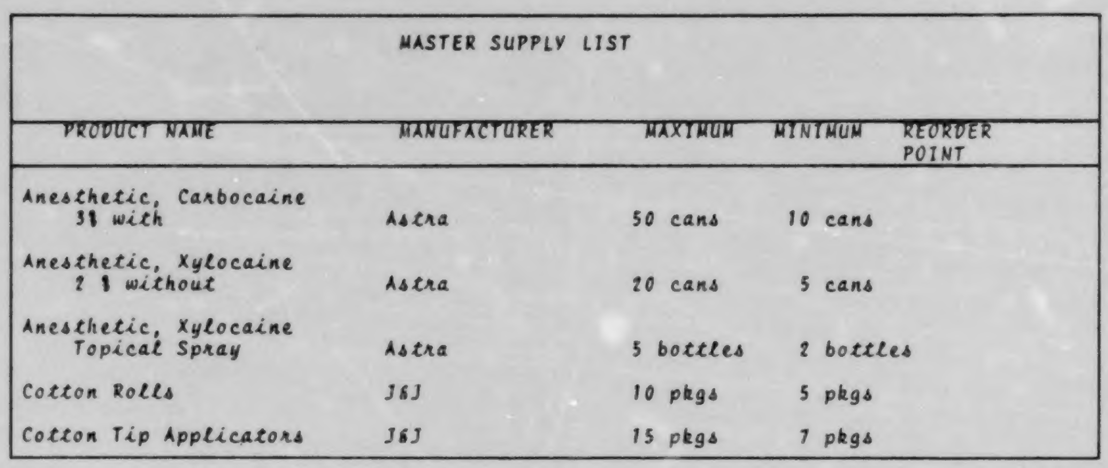
To establish a reorder point, the assistant must determine minimum and maximum amounts of each item in the inventory. Certain factors help in determining these amounts.

1. **Rate of use.** By going over the appointment book, the assistant can figure, on an average, how many items are used in a week. For example, Dr. Jones sees an average of 20 patients a day, and he works five days a week. Therefore, Dr. Jones sees, on an average, 100 patients a week (20 x 5 = 100). If the assistant were setting up an inventory card for patient bibs, she or he would use this 100-per-week average to establish the minimum amount to be ordered.

2. **Shelf life.** This refers to items that have expiration dates. X-ray films are packaged in boxes with the expiration date stamped on the outside of the package. After the expiration date, the film is not guaranteed to give the best possible results. Thus, outdated materials should not be used. With this in mind, the assistant should not order any more of the material than can be used within the time limit set by the expiration date. This affects the maximum amount to be ordered.

3. **Cost.** This is a factor that cannot be overlooked. The dentist should be consulted on the amount that will be spent for supplies. If the cost is considered excessive, the assistant will need to reduce the amount of supplies ordered. The cost factor will affect the maximum amounts ordered.

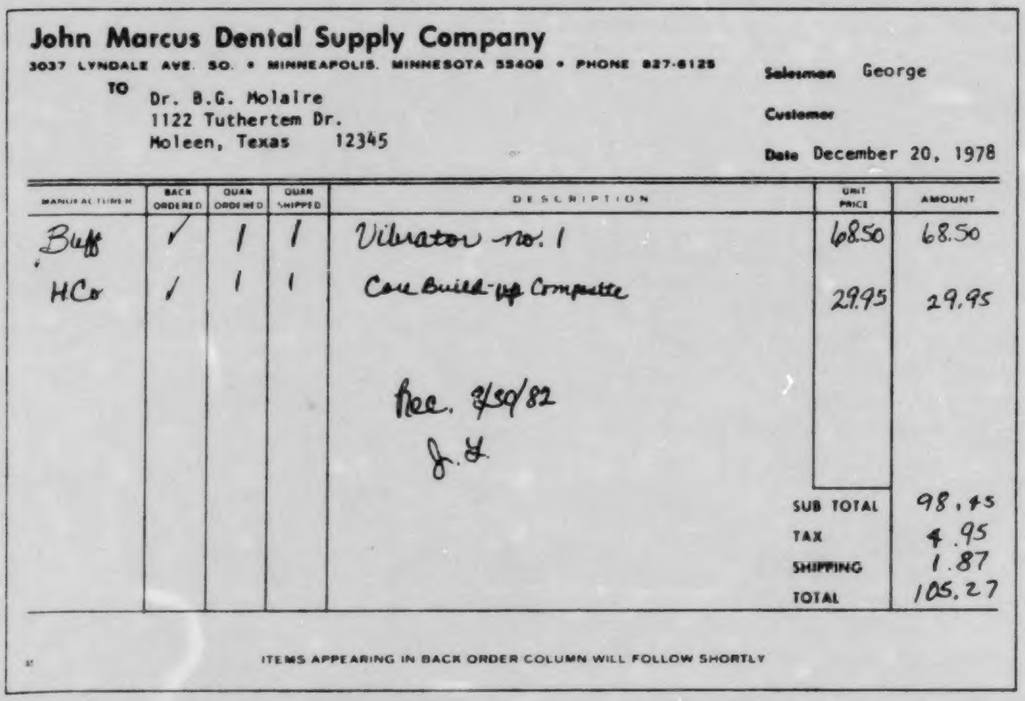
4. **Delivery time.** The assistant should take into consideration the amount of time it takes between the time an item is ordered and the time it is received in the dental office. This information should be recorded on the inventory card for each item. It is necessary in establishing the reorder point for each item in the office. For instance, when ordering patient charts, the assistant must determine, on an average, how many patients per week the dentist requires charts for. Suppose that Dr. Jones has 20 patients a week who require charts. If the time between ordering and delivery is six weeks, the assistant will set the reorder point at 120 charts (20 x 6 = 120). When there are 120 patient charts remaining, the assistant will be reminded to reorder by the red flag that



MASTER SUPPLY LIST

PRODUCT NAME	MANUFACTURER	MAXIMUM	MINIMUM	REORDER POINT
Anesthetic, Carbocaine 3% with	Astra	50 cans	10 cans	
Anesthetic, Xylocaine 2 % without	Astra	20 cans	5 cans	
Anesthetic, Xylocaine Topical Spray	Astra	5 bottles	2 bottles	
Cotton Rolls	J&J	10 pkgs	5 pkgs	
Cotton Tip Applicators	J&J	15 pkgs	7 pkgs	

Fig. 3. *Master supply list*



John Marcus Dental Supply Company

3037 LYNDALE AVE. SO. • MINNEAPOLIS, MINNESOTA 55408 • PHONE 827-6125

TO Dr. B.G. Molaire
1122 Tuthertem Dr.
Moleen, Texas 12345

Salesman George

Customer

Date December 20, 1978

MANUFACTURER	BACK ORDERED	QUAN ORDERED	QUAN SHIPPED	DESCRIPTION	UNIT PRICE	AMOUNT
Buff	✓	1	1	Vibrator no. 1	68.50	68.50
HCo	✓	1	1	Core Build-up Composite	29.95	29.95
				Rec. 7/30/82 J.Y.		
					SUB TOTAL	98.45
					TAX	4.95
					SHIPPING	1.87
					TOTAL	105.27

ITEMS APPEARING IN BACK ORDER COLUMN WILL FOLLOW SHORTLY

Fig. 4. *Invoice*

should have been placed between the charts at the "120" mark.

5. **Storage space.** This must be taken into consideration when ordering large quantities. If there is not enough space in the dental office to store orders, problems arise. Storage space will affect the maximum amount to be ordered.

6. **Special rates.** Dental suppliers may offer special rates on items, which can greatly benefit the dentist. The assistant should keep in mind, however, that the supplies ordered must be needed, not just purchased for the price break.

Receiving Supplies

When supplies are delivered to the office, the assistant should check each package for an invoice or packing slip. An **invoice** is a list of the package contents, the price of each item, and the total charge for the items (see fig. 4). A **packing slip** indicates the contents of the package. If the company used the invoice as a statement from which the assistant is to pay the account, it will be indicated on the invoice form. Check that each item listed matches with the original order, that each item listed is in the package, and that the total charges are correct. The invoice should then be placed in a "to be paid" file box.

At the end of the month, the dentist will receive a **statement** from the dental supply company (see fig. 5). Check the statement by comparing it to the invoice(s). Accuracy is very important to ensure that the dentist is not being billed for items he/she has not received. If the dentist has returned items to the dental supplier, the statement should reflect a **credit to the account** (fig. 6). It is best to receive a credit memo at the time of the return in order to keep track of the account. **Back-ordered items** (fig. 7) will be noted on the invoice or packing slip, and the assistant should check statements to ensure that the doctor has not been charged for back-ordered items.

After supplies have been received and the contents checked with the invoice, the new supplies should be stored behind the older supplies in the storage closet. Any unmarked boxes should be marked with a listing of the contents, and red markers indicating reorder points should be placed in the inventory cards.

Inventory Evaluation

When evaluating an inventory system in a dental office, ask yourself the following questions:

1. Does the system distinguish between expendable, nonexpendable, and capital items?
2. Is it simple to use?
3. Does everyone understand the system?
4. Can you identify supply sources for various materials?
5. Can you determine when an item has been:
   Ordered?
   Back-ordered?
   Received?[2]

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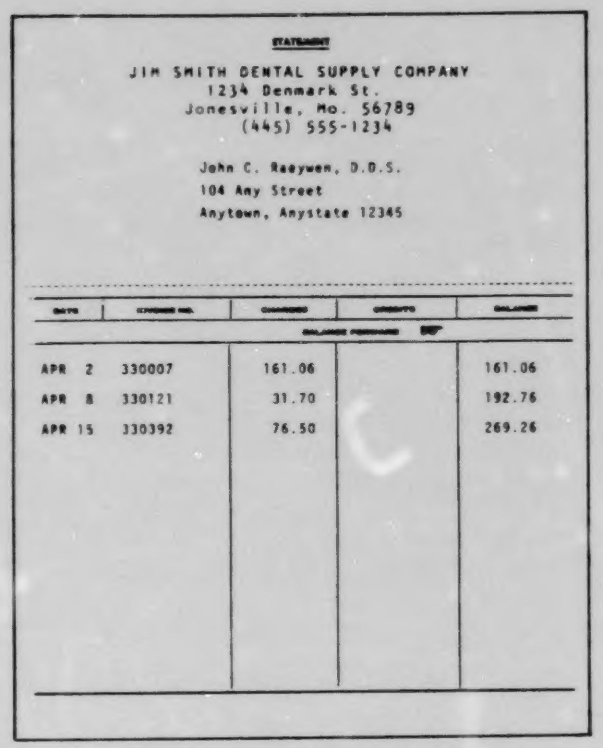
[2] Ladley and Patt, Office Procedures for the Dental Team, p. 171.



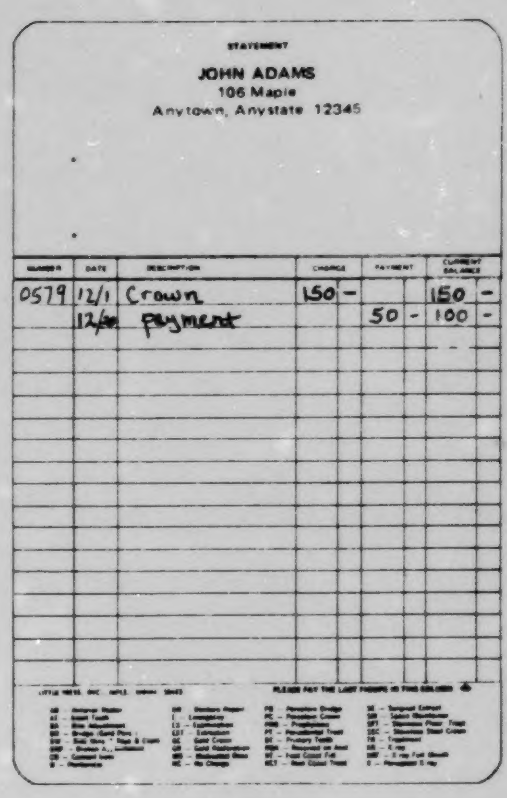
STATEMENT

JIM SMITH DENTAL SUPPLY COMPANY
1234 Denmark St.
Jonesville, Mo. 56789
(445) 555-1234

John C. Raeywen, D.D.S.
104 Any Street
Anytown, Anystate 12345

APR 2	330007	161.06		161.06
APR 8	330121	31.70		192.76
APR 15	330392	76.50		269.26

Fig. 5. Statement from dental supply company

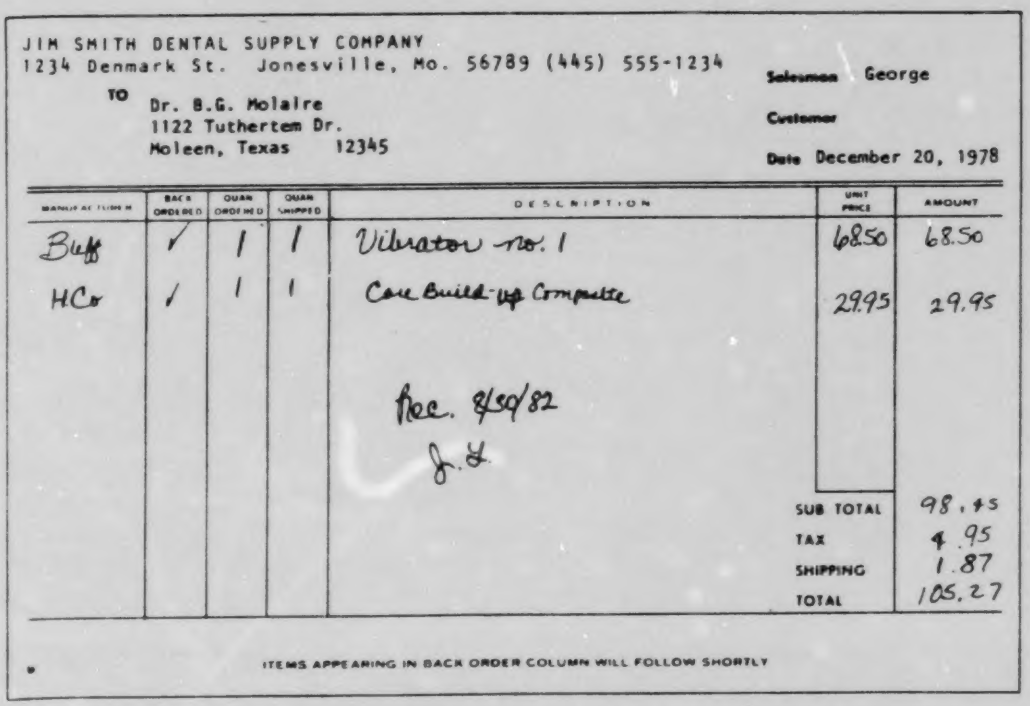


STATEMENT

JOHN ADAMS
106 Maple
Anytown, Anystate 12345

NUMBER	DATE	DESCRIPTION	CHARGE	PAYMENT	CURRENT BALANCE
0579	12/1	Crown	150 -		150 -
	12/20	payment		50 -	100 -

Fig. 6. Credit to the account



JIM SMITH DENTAL SUPPLY COMPANY
1234 Denmark St. Jonesville, Mo. 56789 (445) 555-1234

TO
Dr. B.G. Molaire
1122 Tuthertem Dr.
Moleen, Texas 12345

Salesman George

Customer

Date December 20, 1978

MANUFACTURER	BACK ORDERED	QUAN ORDERED	QUAN SHIPPED	DESCRIPTION	UNIT PRICE	AMOUNT
Buff	✓	1	1	Vibrator no. 1	68.50	68.50
HCo	✓	1	1	Core Build-up Composite	29.95	29.95
				Rec. 8/30/82 J. Y.		
					SUB TOTAL	98.45
					TAX	4.95
					SHIPPING	1.87
					TOTAL	105.27

ITEMS APPEARING IN BACK ORDER COLUMN WILL FOLLOW SHORTLY

Fig. 7. Back-ordered items

Unit

FIVE

Financial Records

***Objectives:** After completing this unit, you will be able to*

1. *identify three types of bookkeeping systems that effectively improve the financial management of the dental office;*
2. *identify the seven separate records that are used in recording a transaction in the daily log system;*
3. *identify the materials needed and the steps involved in using the pegboard system;*
4. *perform proof of posting and record services and payments on the pegboard system;*
5. *record services and payments on the daily log system;*
6. *identify terms used in computerized billing;*
7. *identify six methods of payment that may be used in a dental office;*
8. *list the steps in preparing monthly statements;*
9. *identify three collection procedures used in a dental office;*
10. *demonstrate ageing of accounts; and*
11. *record special entries and adjustments in a record-keeping system.*

Dental practices are showing increased concern for better financial record keeping today because of these factors:

- High overhead costs
- More patient care
- Demands on patient income
- Increased insurance claims
- Unsatisfactory cash flow
- Collection problems

With all of these factors, the dental assistant must be increasingly aware of the need for better, more efficient methods of financial management. Financial management can be simply defined as providing services to patients and collecting fees for the services rendered. However, the activities and documentation involved in financial management are far from simple.

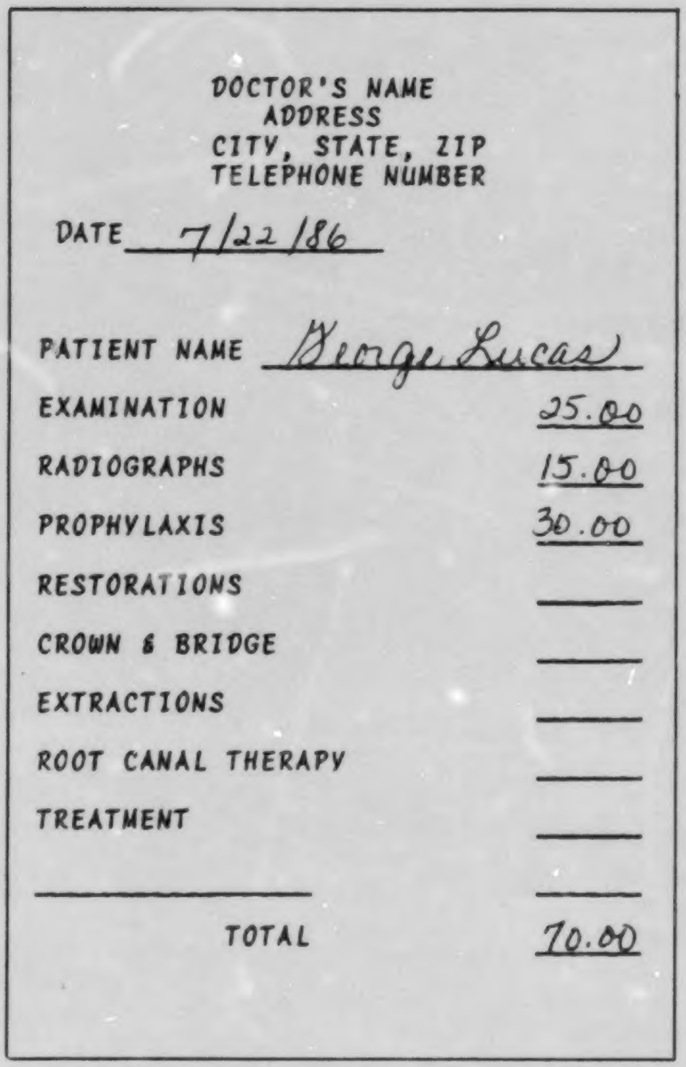
Activities involved in a daily dental practice include:

1. Recording services and fees on:
    a. patients' bills
    b. daysheets
    c. patient financial records
2. Maintaining individual patient financial records
3. Maintaining single financial record for entire practice
4. Recording payments received on:
    a. daysheet
    b. patient financial record
5. Issuing receipts for money collected
6. Depositing money collected
7. Processing insurance claims

The documentation required for these activities includes:

1. Bills for services and fees
2. Patient financial records
3. Daysheet
4. Statements
5. Receipts
6. Deposit slips
7. Insurance forms

There are three types of bookkeeping systems that effectively accomplish the task of improved financial management for the dental office. They are (1) the daily log, (2) the pegboard, and (3) computerized billing.



DOCTOR'S NAME
ADDRESS
CITY, STATE, ZIP
TELEPHONE NUMBER

DATE 7/22/86

PATIENT NAME George Lucas

EXAMINATION	25.00
RADIOGRAPHS	15.00
PROPHYLAXIS	30.00
RESTORATIONS	
CROWN & BRIDGE	
EXTRACTIONS	
ROOT CANAL THERAPY	
TREATMENT	
TOTAL	70.00

Fig. 1. Charge slip

Daily Log

The daily log system is an approach to dental office record keeping that requires recording an office visit on seven separate records:

1. **A charge slip** is filled out in the treatment room and returned to the business office with the patient and his/her chart. A charge slip is an optional form with this system (see fig. 1).

2. A **patient ledger card** contains entries for each visit which include the date, service performed, charges, payments made, and the current balance (see fig. 2).

3. The **daily journal page** records the following information: patient's name, service performed, charges, and payments. Each patient's name is entered next to the time of the visit.

There are times when the payment made by the patient is larger than the charges. This is because the patient has a previous balance. A mark should be made in the proper column to show that the patient's ledger card entry has been made and checked for any errors.

When several visits will be required for a specific procedure, the total charge is made in full at the first visit. The following visits should be marked with a "C" to indicate that the charges have already been made. If there is no charge for a visit, it is indicated by "N/C" (see fig. 3).

If payments are received during the day, they should be entered on the patient ledger cards first and then entered on the daily journal page as "ROA" (received on account). The amounts are entered in the paid column with a notation in the right-hand margin using the code "cu" for currency and "ck" for a check.

4. A **receipt** is given when cash payments are made (fig. 4). If the patient pays by check, a receipt can be issued if requested. The receipt contains the following information: date, responsible party, payment amount, the balance due, and the initials of the person issuing the receipt. Receipts are numbered and filled out in duplicate—one copy for the patient and one for the dentist's files.

5. An **insurance form** will need to be filled out if the patient is covered by a dental insurance plan. Refer to Unit Two if a review of insurance information is needed.

6. A **deposit slip** will need to accompany the currency and checks received each day (fig. 5). This is an itemized list of each check and the total of all currency received. Monies received should be deposited in the dentist's bank account each day.

7. A **statement** will need to be prepared and mailed to each patient account that has not paid the balance in full. These statements are usually prepared toward the end of the month in order to be mailed out on the first of each month (see fig. 6).

Pegboard

Instead of making separate entries onto the various documents, many dental practices have adopted the pegboard system of record keeping. With the pegboard system, several forms for different record-keeping functions are held in exact alignment on a special writing board so that a single writing on the top form produces the same entries on the forms beneath. This is accomplished by the use of NCR (no carbon required) paper. The advantages of the pegboard system are that (1) it takes much less time, (2) it prevents copying or transposing errors, and (3) all permanent records are complete at the time of a transaction.

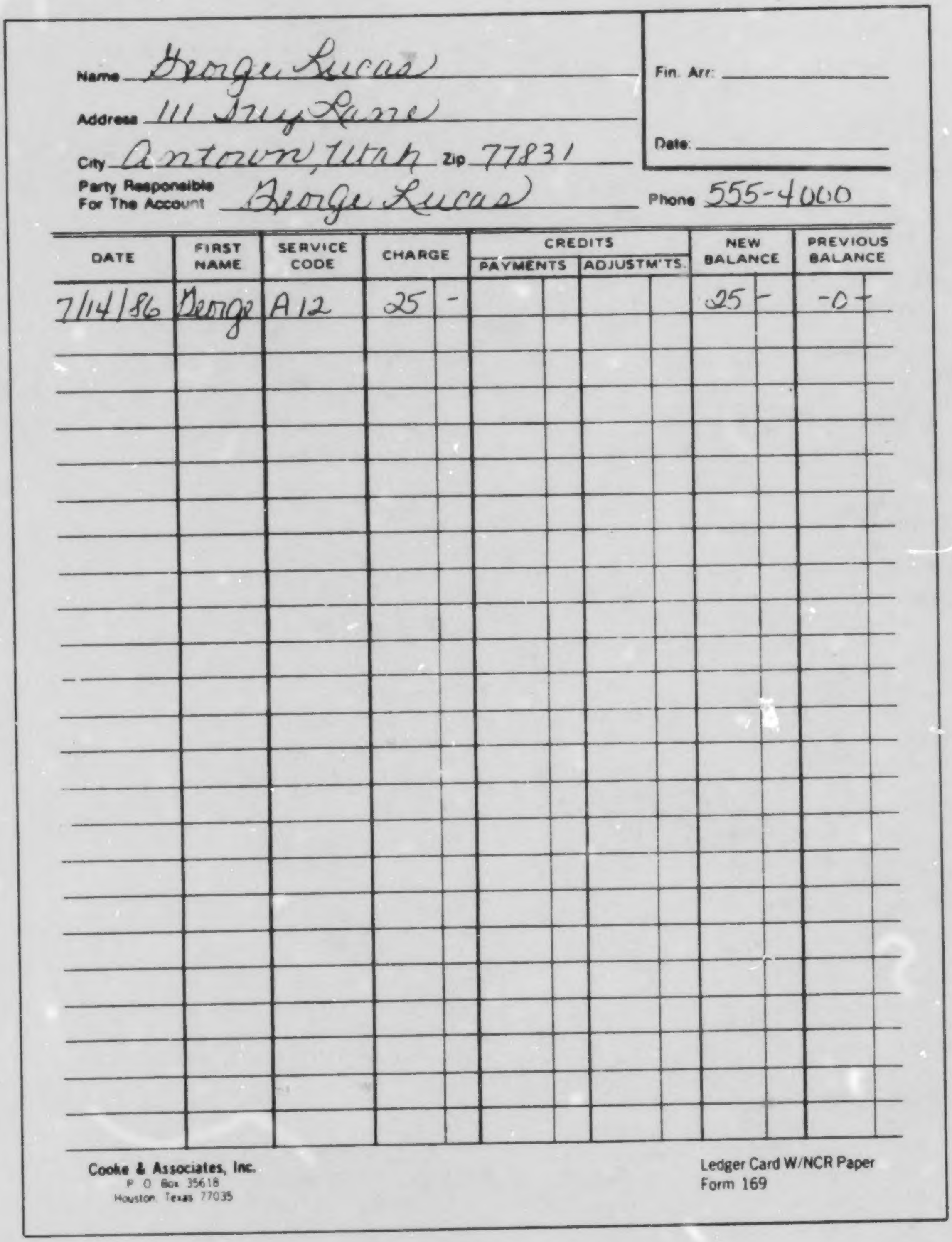
Materials Required

The **pegboard** itself is a lightweight board of aluminum or plastic that has a row of pegs projecting out along the left side and the right side. The forms used with this system fit over the pegs and are aligned so that writing on the top form transfers through to the forms underneath (see fig. 7).

The **daily journal page (daysheet)** has holes along the left and right side to fit over the pegs of the pegboard (see fig. 8).

Receipts and charge slips are together on one form, which consists of two parts. The right side is the charge slip, and the left side is the receipt (fig. 9). There is also space on the form for recording the patient's next appointment. Receipts and charge slips are assembled in groups of 25 shingled sheets. The top edge of the slip has a carbon strip so that the entries will transfer to the forms underneath.

Ledger cards for each patient account are made up of lines that correspond to those of the receipt and charge slip. They are



Name George Lucas

Address 111 Ivy Lane

City Antown, Utah Zip 77831

Party Responsible For The Account George Lucas

Phone 555-4000

Fin. Arr:

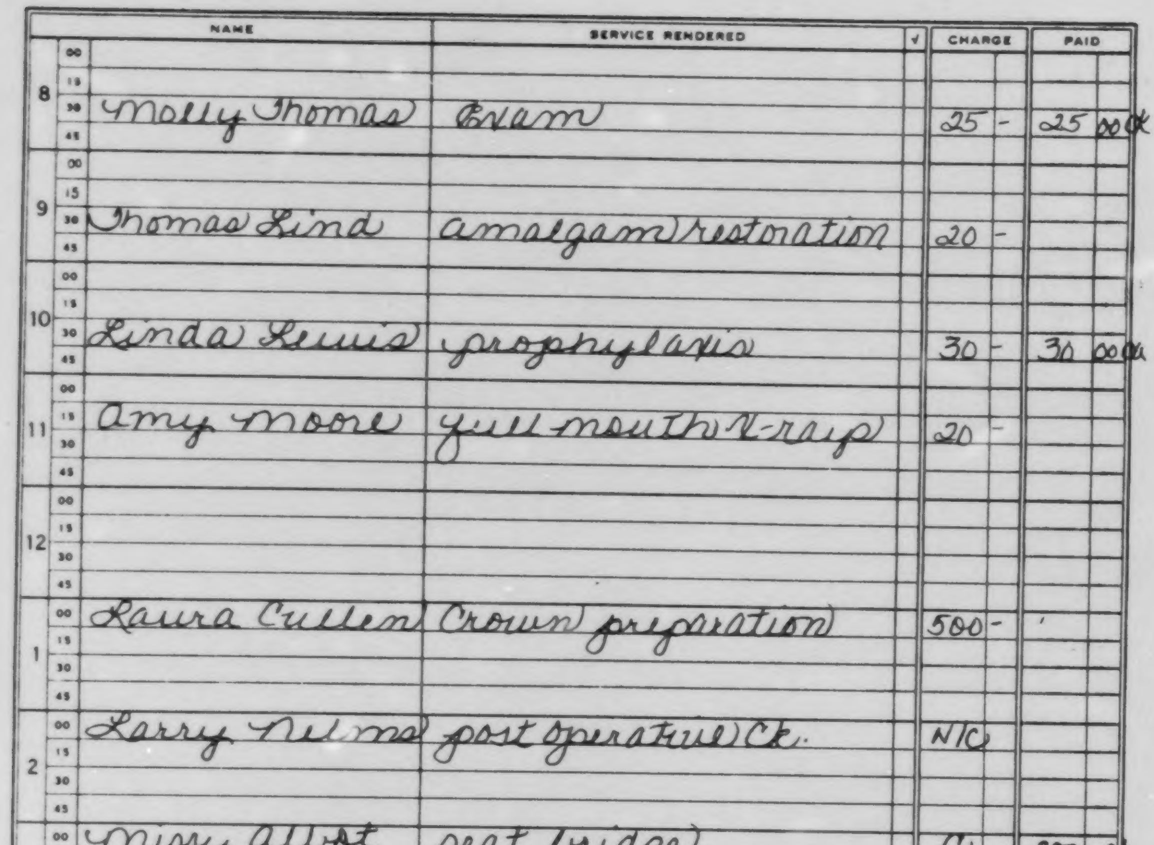
Date:

DATE	FIRST NAME	SERVICE CODE	CHARGE	CREDITS		NEW BALANCE	PREVIOUS BALANCE
				PAYMENTS	ADJUSTM'TS		
7/14/86	George	A12	25 -			25 -	-0-

Cooke & Associates, Inc.
P. O. Box 35618
Houston, Texas 77035

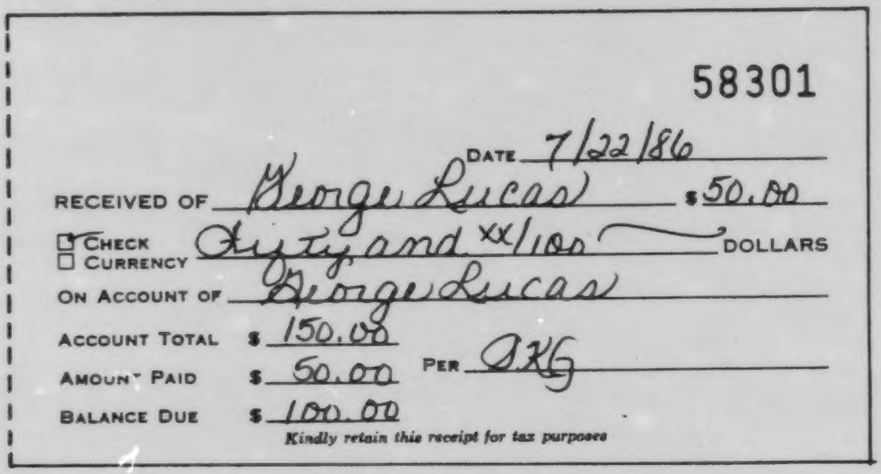
Ledger Card W/NCR Paper
Form 169

Fig. 2. Ledger card



		NAME	SERVICE RENDERED	√	CHARGE	PAID
8	00					
	15					
	30	Molly Thomas	Exam		25 -	25 00 Ck
	45					
9	00					
	15					
	30	Thomas Lind	amalgam restoration		20 -	
	45					
10	00					
	15					
	30	Linda Lewis	prophylaxis		30 -	30 00 Ck
	45					
11	00					
	15	Amy Moore	full mouth X-rays		20 -	
	30					
	45					
12	00					
	15					
	30					
	45					
1	00	Laura Cullen	Crown preparation		500 -	
	15					
	30					
	45					
2	00	Larry Nelms	post operative Ck.		N/C	
	15					
	30					
	45					
3	00	Missy Albot	seat bridge		C	200 - Ck
	15					
	30					
	45					
4	00	Glenda Borden	denture adjustment		N/C	100 - Ck
	15					
	30					
	45					
5	00					
	15					
	30					
	45					
6	00					
	15					
	30					
	45					
7	00					
	15					
	30					
	45					
8	00					
	15					
	45		TOTALS		595 -	355 -

Fig. 3. Daily journal page



58301

DATE 7/22/86

RECEIVED OF George Lucas $50.00

☑ CHECK
☐ CURRENCY
Fifty and xx/100 DOLLARS

ON ACCOUNT OF George Lucas

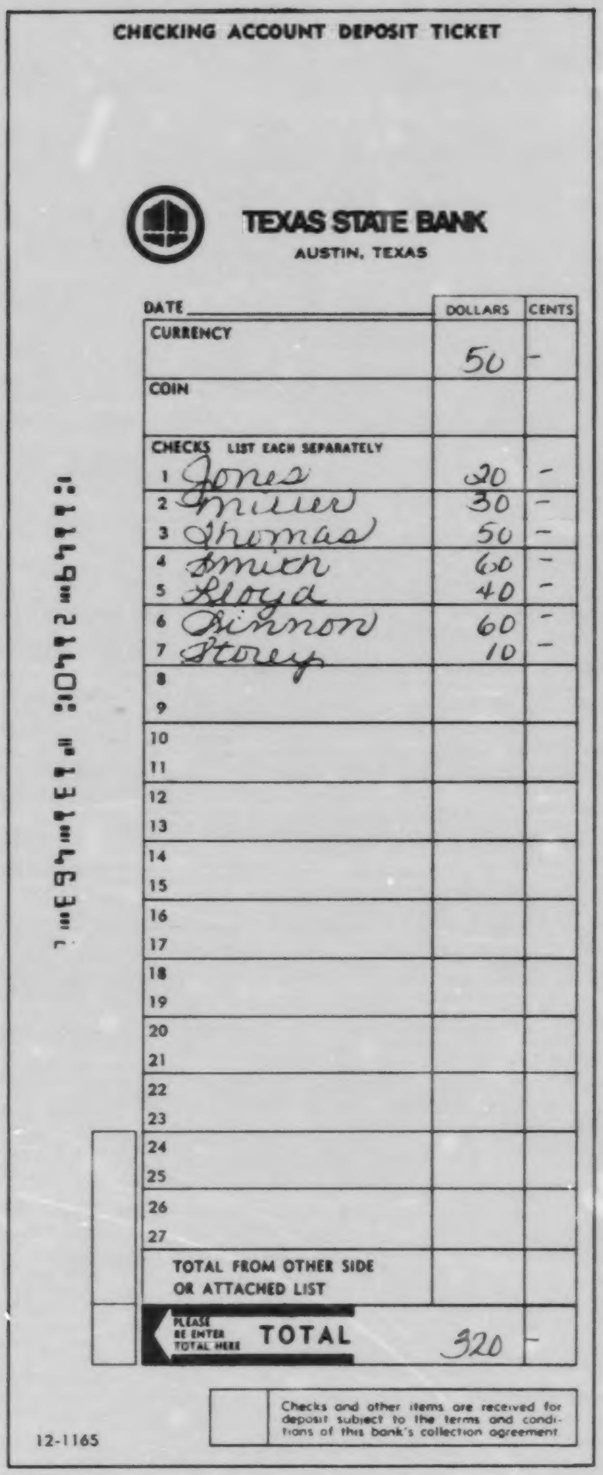
ACCOUNT TOTAL $ 150.00

AMOUNT PAID $ 50.00 PER OKG

BALANCE DUE $ 100.00

Kindly retain this receipt for tax purposes

Fig. 4. Receipt



CHECKING ACCOUNT DEPOSIT TICKET

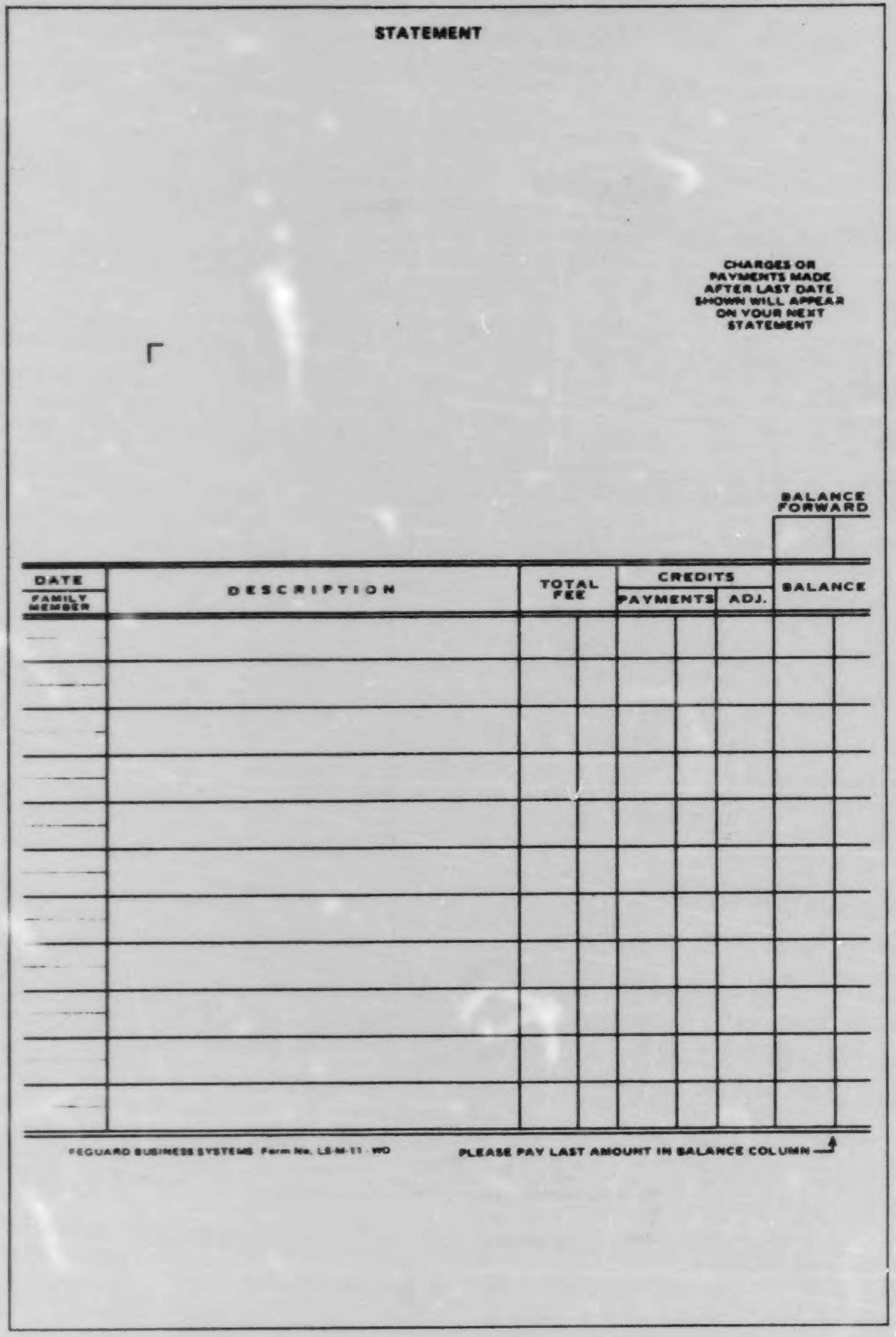
TEXAS STATE BANK
AUSTIN, TEXAS

DATE	DOLLARS	CENTS
CURRENCY	50	-
COIN		
CHECKS LIST EACH SEPARATELY		
1 Jones	20	-
2 Miller	30	-
3 Thomas	50	-
4 Smith	60	-
5 Lloyd	40	-
6 Kinnon	60	-
7 Storey	10	-
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
TOTAL FROM OTHER SIDE OR ATTACHED LIST		
PLEASE BE ENTER TOTAL HERE **TOTAL**	320	-

Checks and other items are received for deposit subject to the terms and conditions of this bank's collection agreement

12-1165

Fig. 5. Deposit slip



STATEMENT

CHARGES OR
PAYMENTS MADE
AFTER LAST DATE
SHOWN WILL APPEAR
ON YOUR NEXT
STATEMENT

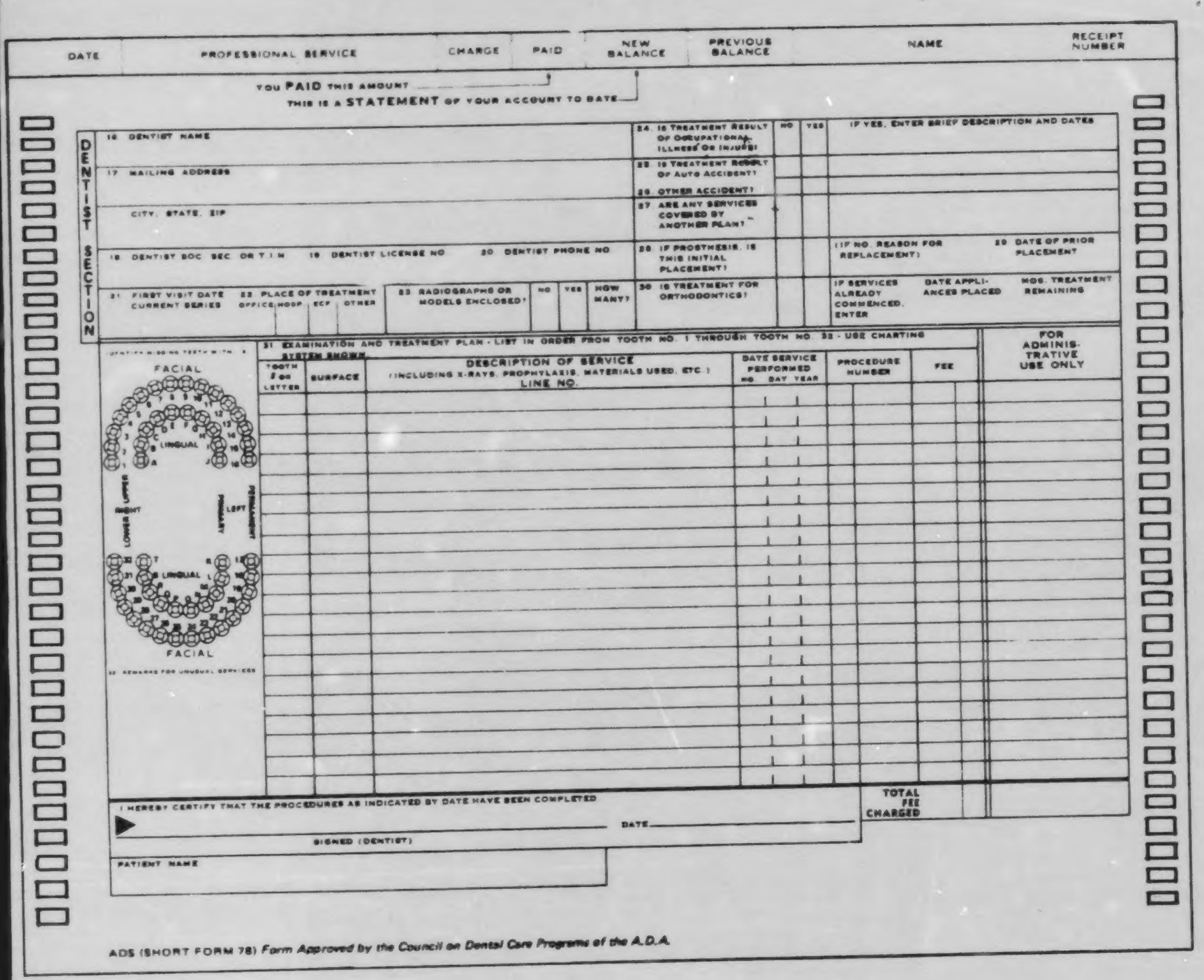
BALANCE FORWARD

DATE FAMILY MEMBER	DESCRIPTION	TOTAL FEE	CREDITS		BALANCE
			PAYMENTS	ADJ.	

FEGUARD BUSINESS SYSTEMS Form No. LS-M-11 · WD

PLEASE PAY LAST AMOUNT IN BALANCE COLUMN ⮥

Fig. 6. Statement



DATE	PROFESSIONAL SERVICE	CHARGE	PAID	NEW BALANCE	PREVIOUS BALANCE	NAME	RECEIPT NUMBER

YOU **PAID** THIS AMOUNT

THIS IS A **STATEMENT** OF YOUR ACCOUNT TO DATE

DENTIST SECTION

16 DENTIST NAME

17 MAILING ADDRESS

CITY, STATE, ZIP

18 DENTIST SOC. SEC. OR T.I.N. 19 DENTIST LICENSE NO. 20 DENTIST PHONE NO.

21 FIRST VISIT DATE CURRENT SERIES

22 PLACE OF TREATMENT OFFICE HOSP. ECF OTHER

23 RADIOGRAPHS OR MODELS ENCLOSED? NO YES HOW MANY?

	NO	YES	IF YES, ENTER BRIEF DESCRIPTION AND DATES
24. IS TREATMENT RESULT OF OCCUPATIONAL ILLNESS OR INJURY?			
25 IS TREATMENT RESULT OF AUTO ACCIDENT?			
26 OTHER ACCIDENT?			
27 ARE ANY SERVICES COVERED BY ANOTHER PLAN?			
28 IF PROSTHESIS, IS THIS INITIAL PLACEMENT?			(IF NO, REASON FOR REPLACEMENT) 29 DATE OF PRIOR PLACEMENT
30 IS TREATMENT FOR ORTHODONTICS?			IF SERVICES ALREADY COMMENCED, ENTER DATE APPLIANCES PLACED MOS. TREATMENT REMAINING

IDENTIFY MISSING TEETH WITH X

32 REMARKS FOR UNUSUAL SERVICES

31 EXAMINATION AND TREATMENT PLAN - LIST IN ORDER FROM TOOTH NO. 1 THROUGH TOOTH NO. 32 - USE CHARTING SYSTEM SHOWN.

TOOTH # OR LETTER	SURFACE	DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.) LINE NO.	DATE SERVICE PERFORMED MO. DAY YEAR	PROCEDURE NUMBER	FEE	FOR ADMINISTRATIVE USE ONLY
					TOTAL FEE CHARGED	

I HEREBY CERTIFY THAT THE PROCEDURES AS INDICATED BY DATE HAVE BEEN COMPLETED

SIGNED (DENTIST) DATE

PATIENT NAME

ADS (SHORT FORM 78) *Form Approved by the Council on Dental Care Programs of the A.D.A.*

Fig. 7. **Pegboard**

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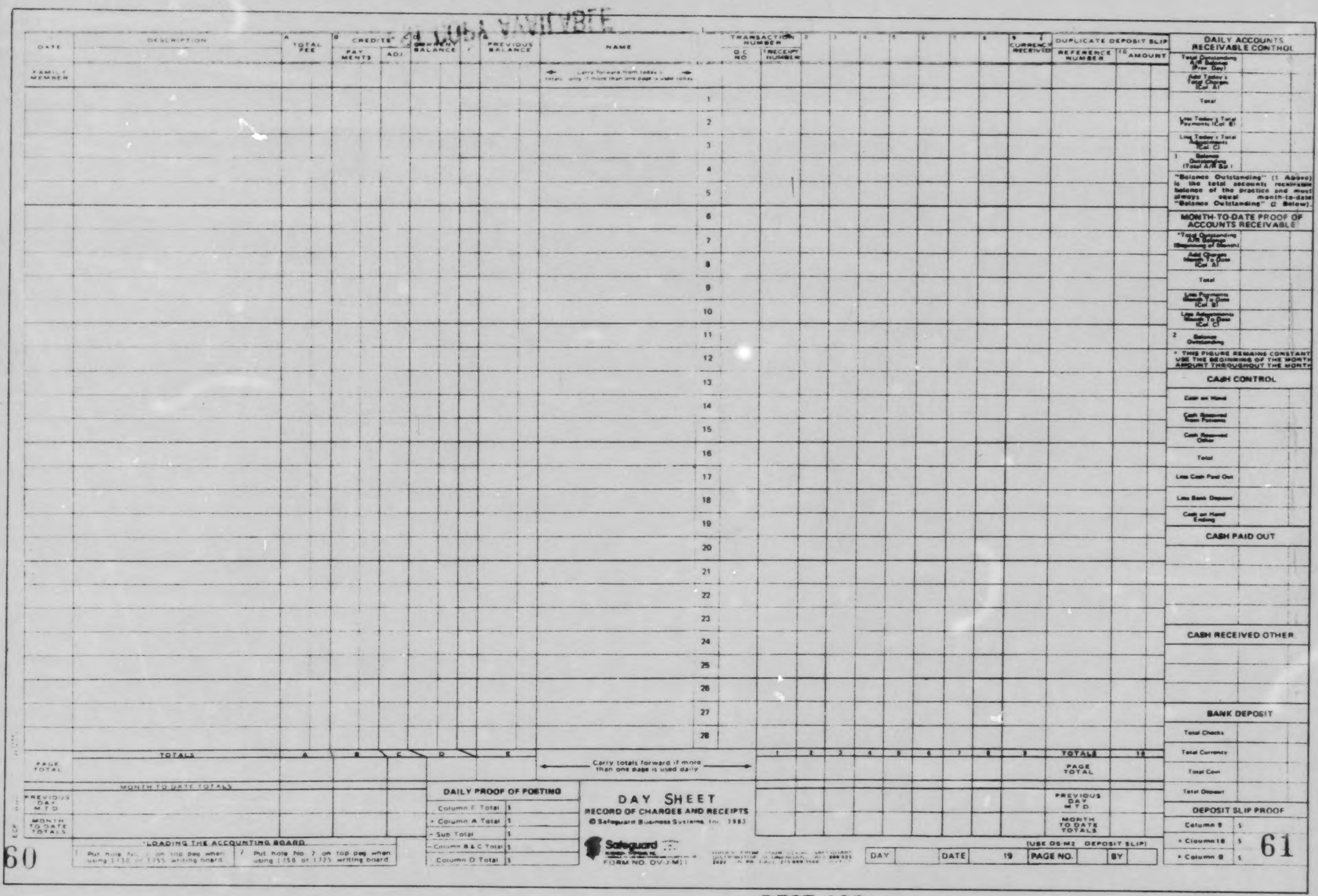

DATE | DESCRIPTION | A TOTAL FEE | B CREDITS PAYMENTS | ADJ | D CURRENT BALANCE | ✓ | PREVIOUS BALANCE | NAME | TRANSACTION NUMBER: DC NO | RECEIPT NUMBER | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 CURRENCY RECEIVED | DUPLICATE DEPOSIT SLIP: REFERENCE NUMBER | 10 AMOUNT

FAMILY MEMBER

Carry forward from today's totals only if more than one page is used today

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

TOTALS A B C D E

PAGE TOTAL

Carry totals forward if more than one page is used daily

MONTH TO DATE TOTALS

PREVIOUS DAY MTD

MONTH TO DATE TOTALS

LOADING THE ACCOUNTING BOARD

1 Put note No. 1 on top peg when using 1730 or 1755 writing board

2 Put note No. 2 on top peg when using 1758 or 1725 writing board

DAILY PROOF OF POSTING

Column E Total	$
+ Column A Total	$
= Sub Total	$
− Column B & C Total	$
Column D Total	$

DAY SHEET

RECORD OF CHARGES AND RECEIPTS

© Safeguard Business Systems, Inc. 1983

Safeguard

FORM NO. OV-J-M11

TOTALS 1 2 3 4 5 6 7 8 9 10

PAGE TOTAL

PREVIOUS DAY MTD

MONTH TO DATE TOTALS

(USE DS-M2 DEPOSIT SLIP)

DAY | DATE 19 | PAGE NO. | BY

DAILY ACCOUNTS RECEIVABLE CONTROL

Total Outstanding A/R Balance (Prev Day)

Add Today's Total Charges (Col A)

Total

Less Today's Total Payments (Col B)

Less Today's Total Adjustments (Col C)

1 Balance Outstanding (Total A/R Bal.)

"Balance Outstanding" (1 Above) is the total accounts receivable balance of the practice and must always equal month-to-date "Balance Outstanding" (2 Below).

MONTH-TO-DATE PROOF OF ACCOUNTS RECEIVABLE

*Total Outstanding A/R Balance (Beginning of Month)

Add Charges Month To Date (Col A)

Total

Less Payments Month To Date (Col B)

Less Adjustments Month To Date (Col C)

2 Balance Outstanding

* THIS FIGURE REMAINS CONSTANT. USE THE BEGINNING OF THE MONTH AMOUNT THROUGHOUT THE MONTH

CASH CONTROL

Cash on Hand

Cash Received from Payments

Cash Received Other

Total

Less Cash Paid Out

Less Bank Deposit

Cash on Hand Ending

CASH PAID OUT

CASH RECEIVED OTHER

BANK DEPOSIT

Total Checks

Total Currency

Total Coin

Total Deposit

DEPOSIT SLIP PROOF

Column 9	$
+ Column 10	$
= Column 8	$

Fig. 8. Daily journal sheet (daysheet)

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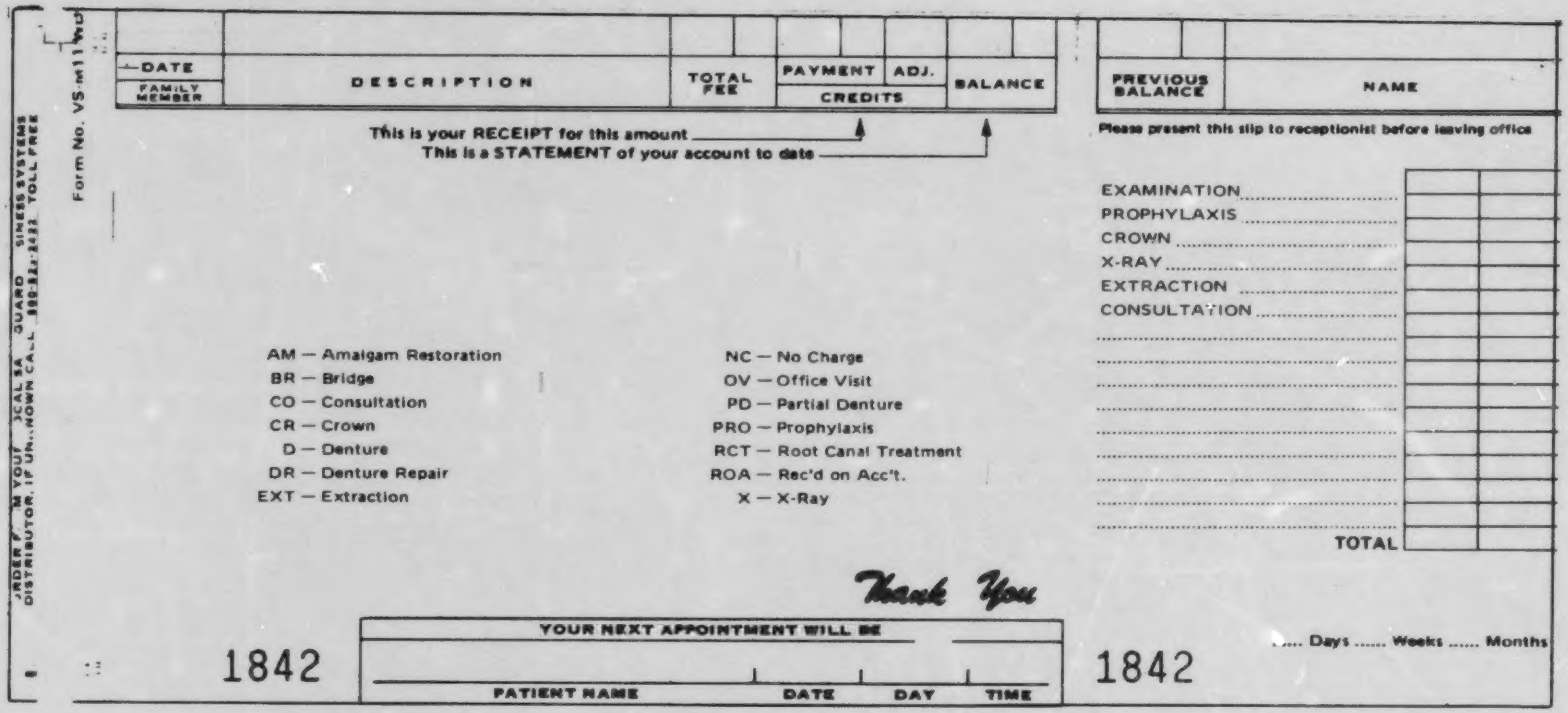


ORDER FROM YOUR LOCAL SAFEGUARD BUSINESS SYSTEMS
DISTRIBUTOR, IF UNKNOWN CALL 800-52[illegible]-2422 TOLL FREE

Form No. VS-M11 WD

DATE FAMILY MEMBER	DESCRIPTION	TOTAL FEE	CREDITS		BALANCE
			PAYMENT	ADJ.	

This is your RECEIPT for this amount

This is a STATEMENT of your account to date

PREVIOUS BALANCE	NAME

Please present this slip to receptionist before leaving office

EXAMINATION		
PROPHYLAXIS		
CROWN		
X-RAY		
EXTRACTION		
CONSULTATION		
TOTAL		

AM — Amalgam Restoration
BR — Bridge
CO — Consultation
CR — Crown
D — Denture
DR — Denture Repair
EXT — Extraction

NC — No Charge
OV — Office Visit
PD — Partial Denture
PRO — Prophylaxis
RCT — Root Canal Treatment
ROA — Rec'd on Acc't.
X — X-Ray

Thank You

1842

YOUR NEXT APPOINTMENT WILL BE

PATIENT NAME	DATE	DAY	TIME

...... Days ...... Weeks ...... Months

1842

Fig. 9. Receipt and charge slip

treated so that carbon paper is not required (see fig. 10).

The **deposit slip** fits along the pegs on the right side of the pegboard on top of the daily journal page (fig. 11). As payments are recorded, they are separated by currency and checks on this form, which is detached at the end of the day and used for making the dentist's bank deposit.

The **insurance claim form** can be combined with the receipt in the form of a Superbill (fig. 12). This form has three copies (one for the patient, one for the insurance carrier, and one for the dentist's records).

Statements are designed for placement on the pegboard system so that when entries are made, they are also recorded on a statement that will be mailed to the patient (see fig. 13).

Steps in Using the Pegboard System

1. Each day a new daily journal page is placed on the pegboard. The date should be entered, totals from the previous day brought forward, and numbered. The shingled receipt and charge slips are placed in position on the pegs over the daily journal page so that the first slip is aligned with the first blank daily journal page line. (If using the Superbill, the same procedure applies.)

2. When the patient arrives, the charge slip section is filled out with the patient's name and the previous balance.

3. The charge slip is torn off at the perforation and attached to the patient's chart, which accompanies the patient to the treatment room. When treatment is completed for the day, the services and charges are noted, and the slip is given to the patient to return to the business office.

4. When the charge slip is presented at the business office, the patient's ledger card with the statement attached is placed on the pegboard. The sequence of the forms from top to bottom is (1) receipt or Superbill, (2) statement, (3) daily journal page, and (4) ledger card. All of these forms are attached to the pegboard on the left side. The deposit slip is attached on the right side.

From left to right, the following information is recorded:

- Date (month, day, and year)
- Description of services (codes may be used to save space)
- Total fee
- Credits (payments and adjustments)
- Balance

If a payment has been made, it is also recorded on the deposit slip under the appropriate heading (currency, which is cash, or check). It is necessary to press down firmly when recording the information to ensure that all forms are legible.

5. Next, the receipt is removed from the pegboard and given to the patient. Remember that there is a space on the receipt to record the patient's appointment time if needed.

Payments on Accounts

Any time cash is received as payment, a receipt should be issued. For payments made by check in the mail, the receipt/charge slip is removed from the pegboard. The payment is recorded directly on the patient's statement, with the daily journal page under the statement and the patient's ledger card under the daily journal page.

Proof of Posting

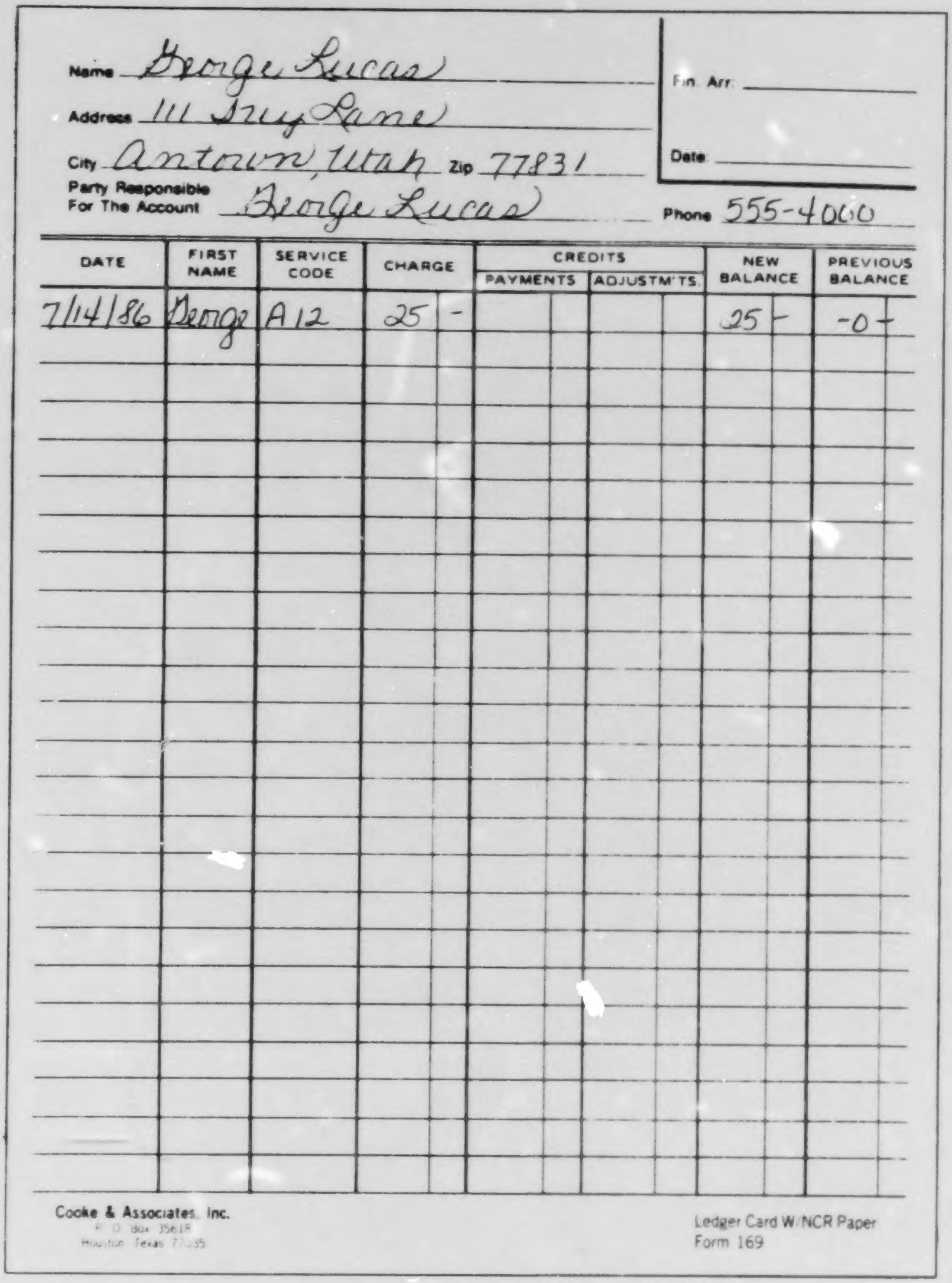
At the end of each day, all columns on the daily journal page are totaled and recorded. A proof of posting section at the bottom of the page is used to check the accuracy of all entries (see fig. 14).

If an error has been made, the assistant must locate and correct it immediately. In order to perform proof of posting, the assistant should add the previous balance column (E) to the total fee column (A). From the total of E + A, the assistant should subtract the payment column (B) and the adjustment column (C). The resulting figure should correspond with the total of the current balance column (D). (E + A - B - C = D)

One it has been determined that the entries for the day are error-free, the totals are added to the totals brought forward to yield totals for the month-to-date (see fig. 15). The same procedure is repeated for each working day.

Computerized Billing

Computerized billing is a fairly new addition to the systems available for record keeping in a dental office setting. The assistant who is responsible for the transition to a computerized billing service must remember that the



Name George Lucas

Address 111 Grey Lane

City Antown, Utah Zip 77831

Party Responsible For The Account George Lucas

Phone 555-4000

Fin. Arr.

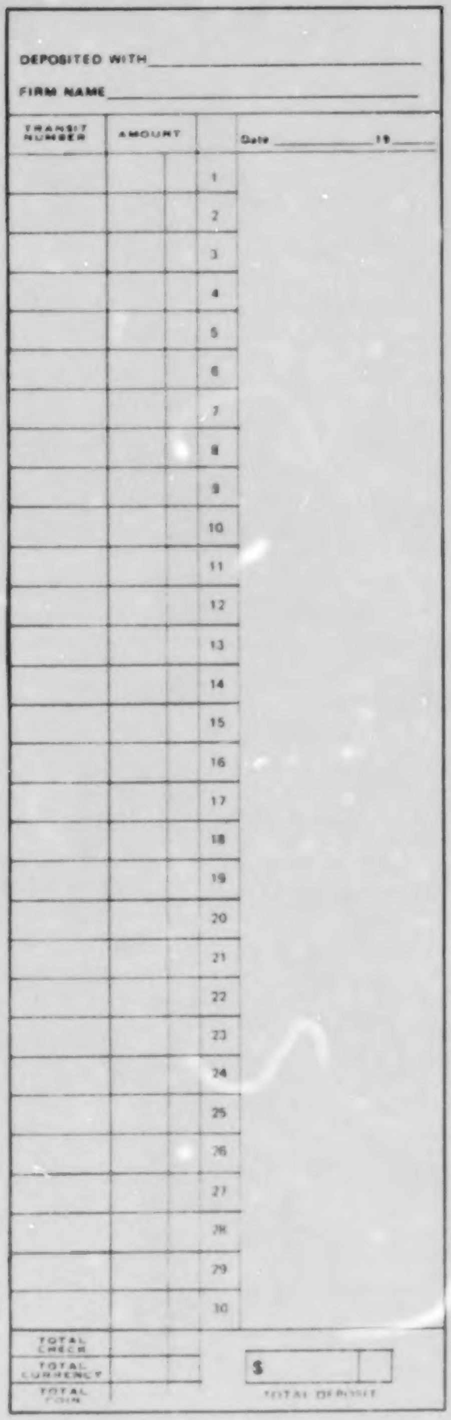
Date:

DATE	FIRST NAME	SERVICE CODE	CHARGE	CREDITS PAYMENTS	CREDITS ADJUSTM'TS.	NEW BALANCE	PREVIOUS BALANCE
7/14/86	George	A12	25 -			25 -	-0-

Cooke & Associates, Inc.
P. O. Box 35618
Houston, Texas 77035

Ledger Card W/NCR Paper
Form 169

Fig. 10. Ledger card



DEPOSITED WITH ____________________

FIRM NAME ____________________

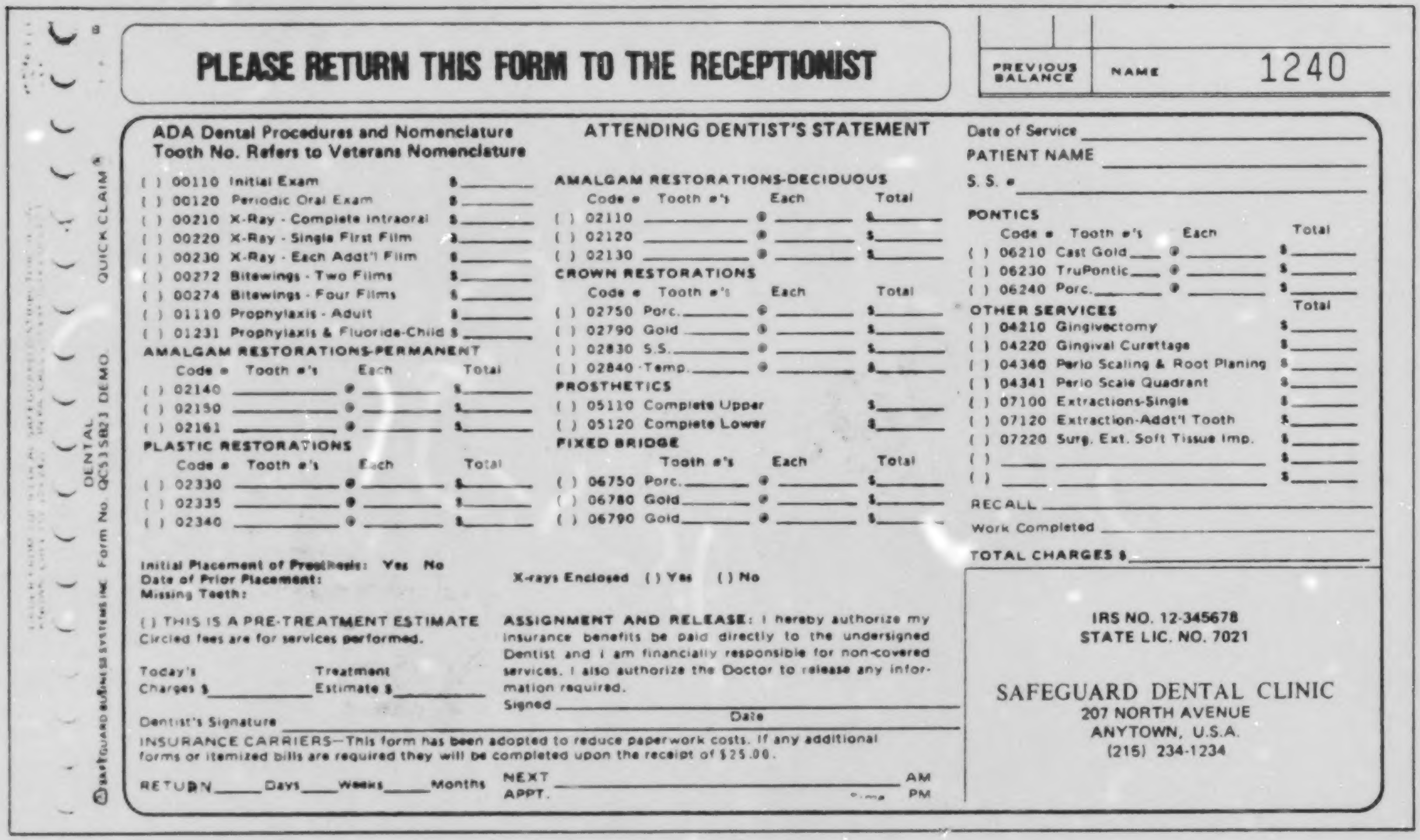
Date ____________ 19_____

TRANSIT NUMBER	AMOUNT		
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
			11
			12
			13
			14
			15
			16
			17
			18
			19
			20
			21
			22
			23
			24
			25
			26
			27
			28
			29
			30
TOTAL CHECK			
TOTAL CURRENCY			
TOTAL COIN			

$ ____________

TOTAL DEPOSIT

Fig. 11. Deposit slip



DENTAL QUICK CLAIM®
Form No. QCS15823 DEMO
©SAFEGUARD BUSINESS SYSTEMS INC

PLEASE RETURN THIS FORM TO THE RECEPTIONIST

PREVIOUS BALANCE
NAME
1240

ADA Dental Procedures and Nomenclature
Tooth No. Refers to Veterans Nomenclature

( ) 00110 Initial Exam $______
( ) 00120 Periodic Oral Exam $______
( ) 00210 X-Ray - Complete Intraoral $______
( ) 00220 X-Ray - Single First Film $______
( ) 00230 X-Ray - Each Addt'l Film $______
( ) 00272 Bitewings - Two Films $______
( ) 00274 Bitewings - Four Films $______
( ) 01110 Prophylaxis - Adult $______
( ) 01231 Prophylaxis & Fluoride-Child $______

AMALGAM RESTORATIONS-PERMANENT

Code #	Tooth #'s	Each	Total
( ) 02140	______	@ ______	$______
( ) 02150	______	@ ______	$______
( ) 02161	______	@ ______	$______

PLASTIC RESTORATIONS

Code #	Tooth #'s	Each	Total
( ) 02330	______	@ ______	$______
( ) 02335	______	@ ______	$______
( ) 02340	______	@ ______	$______

ATTENDING DENTIST'S STATEMENT

AMALGAM RESTORATIONS-DECIDUOUS

Code #	Tooth #'s	Each	Total
( ) 02110	______	@ ______	$______
( ) 02120	______	@ ______	$______
( ) 02130	______	@ ______	$______

CROWN RESTORATIONS

Code #	Tooth #'s	Each	Total
( ) 02750	Porc. ______	@ ______	$______
( ) 02790	Gold ______	@ ______	$______
( ) 02830	S.S. ______	@ ______	$______
( ) 02840	Temp. ______	@ ______	$______

PROSTHETICS

( ) 05110 Complete Upper $______
( ) 05120 Complete Lower $______

FIXED BRIDGE

	Tooth #'s	Each	Total
( ) 06750	Porc. ______	@ ______	$______
( ) 06780	Gold ______	@ ______	$______
( ) 06790	Gold ______	@ ______	$______

Date of Service ______
PATIENT NAME ______
S. S. # ______

PONTICS

Code #	Tooth #'s	Each	Total
( ) 06210	Cast Gold ___	@ ______	$______
( ) 06230	TruPontic ___	@ ______	$______
( ) 06240	Porc. ______	@ ______	$______

OTHER SERVICES

		Total
( ) 04210	Gingivectomy	$______
( ) 04220	Gingival Curettage	$______
( ) 04340	Perio Scaling & Root Planing	$______
( ) 04341	Perio Scale Quadrant	$______
( ) 07100	Extractions-Single	$______
( ) 07120	Extraction-Addt'l Tooth	$______
( ) 07220	Surg. Ext. Soft Tissue Imp.	$______
( ) ______	______	$______
( ) ______	______	$______

RECALL ______
Work Completed ______
TOTAL CHARGES $ ______

Initial Placement of Prosthesis: Yes No
Date of Prior Placement:
Missing Teeth:

X-rays Enclosed ( ) Yes ( ) No

( ) THIS IS A PRE-TREATMENT ESTIMATE
Circled fees are for services performed.

Today's Charges $______ Treatment Estimate $______

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits be paid directly to the undersigned Dentist and I am financially responsible for non-covered services. I also authorize the Doctor to release any information required.

Signed ______ Date

Dentist's Signature ______

INSURANCE CARRIERS—This form has been adopted to reduce paperwork costs. If any additional forms or itemized bills are required they will be completed upon the receipt of $25.00.

RETURN ______ Days ______ Weeks ______ Months

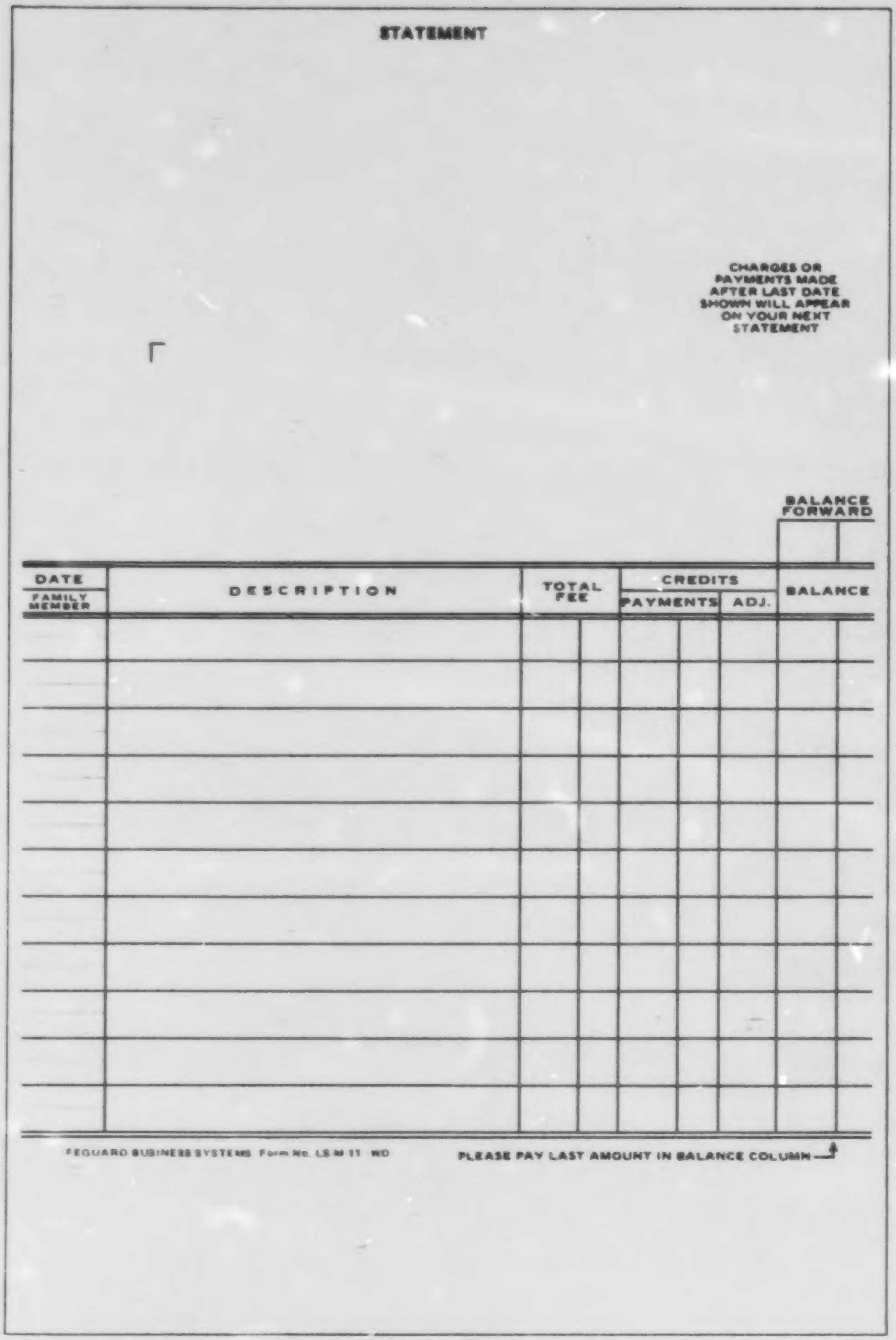
NEXT APPT. ______ Time AM PM

IRS NO. 12-345678
STATE LIC. NO. 7021

SAFEGUARD DENTAL CLINIC
207 NORTH AVENUE
ANYTOWN, U.S.A.
(215) 234-1234

Fig. 12. Insurance claim form

BEST COPY AVAILABLE



STATEMENT

CHARGES OR
PAYMENTS MADE
AFTER LAST DATE
SHOWN WILL APPEAR
ON YOUR NEXT
STATEMENT

BALANCE FORWARD

DATE FAMILY MEMBER	DESCRIPTION	TOTAL FEE	CREDITS		BALANCE
			PAYMENTS	ADJ.	

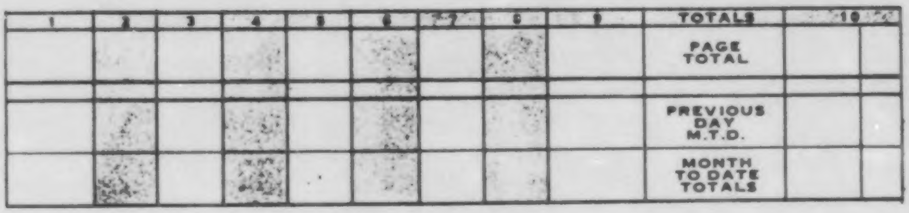
FEGUARD BUSINESS SYSTEMS Form No. LS-M-11 WD

PLEASE PAY LAST AMOUNT IN BALANCE COLUMN

Fig. 13. Statement

DAILY PROOF OF POSTING	
Column E Total	$
+ Column A Total	$
= Sub Total	$
– Column B & C Total	$
= Column D Total	$

Fig. 14. Proof of posting section (enlarged)



1	2	3	4	5	6	7	8	9	TOTALS	10	
									PAGE TOTAL		
									PREVIOUS DAY M.T.D.		
									MONTH TO DATE TOTALS		

Fig. 15. Totals section

computer can only work with the information given it. The information must be accurate and complete and is obtained from existing office records.

The **basic information needed** is (1) the complete name and address of the responsible person for each account, (2) the complete names of all family members on each account, (3) a complete record of the current account and the account status, and (4) the telephone number of the responsible person (both home and office).

The transmission of data to the service center is accomplished by **coding**. Patients will be assigned account numbers, each service performed will have a service number, and codes are necessary for making corrections. Codes may be numeric (using numbers) or alphanumeric (using both letters and numbers). Some services use OCR (Optical Character Recognition) letters, which are typed or printed into boxed areas. These can be read by machine.

The mode of transmission (how information is transferred) from the dental office to the service bureau and into the computer varies. Information (input) may be directly transmitted via touchtone telephone. The assistant feeds the data, in the form of a numeric code, directly into the computer. In order to check for errors, the assistant must wait for a hard copy (written) audit sheet. Other systems may have a visual display using a TV-type screen. The data will be presented on the screen for verification and correction before it is actually fed into the computer. It is also possible to have the computer verify information using a voice type of feedback (audio feedback).

Card dialing, which uses cards containing patient account numbers, may be one of the quickest methods of transmission. The advantages of direct input of data include these: (1) only one individual handles the data, which reduces the possibility of errors; (2) there is almost no delay in the actual transmission of data into the computer; and (3) there is less possibility of error by the service bureau personnel handling the data.

Hard copy is another method of transmission of data to the service bureau. It involves a written report mailed directly to the bureau. This can include a copy of the daily journal sheet, a special report, or a machine printout from an adding machine. The biggest problem with this is the time factor. Delays can occur in the mail, in errors, in preparation, etc.

Computerized billing services are available through banks, local independent service bureaus, or national services. These services benefit the dental office by saving time, eliminating statement preparation, and providing a more businesslike approach to accounts receivable.

Monthly Statements

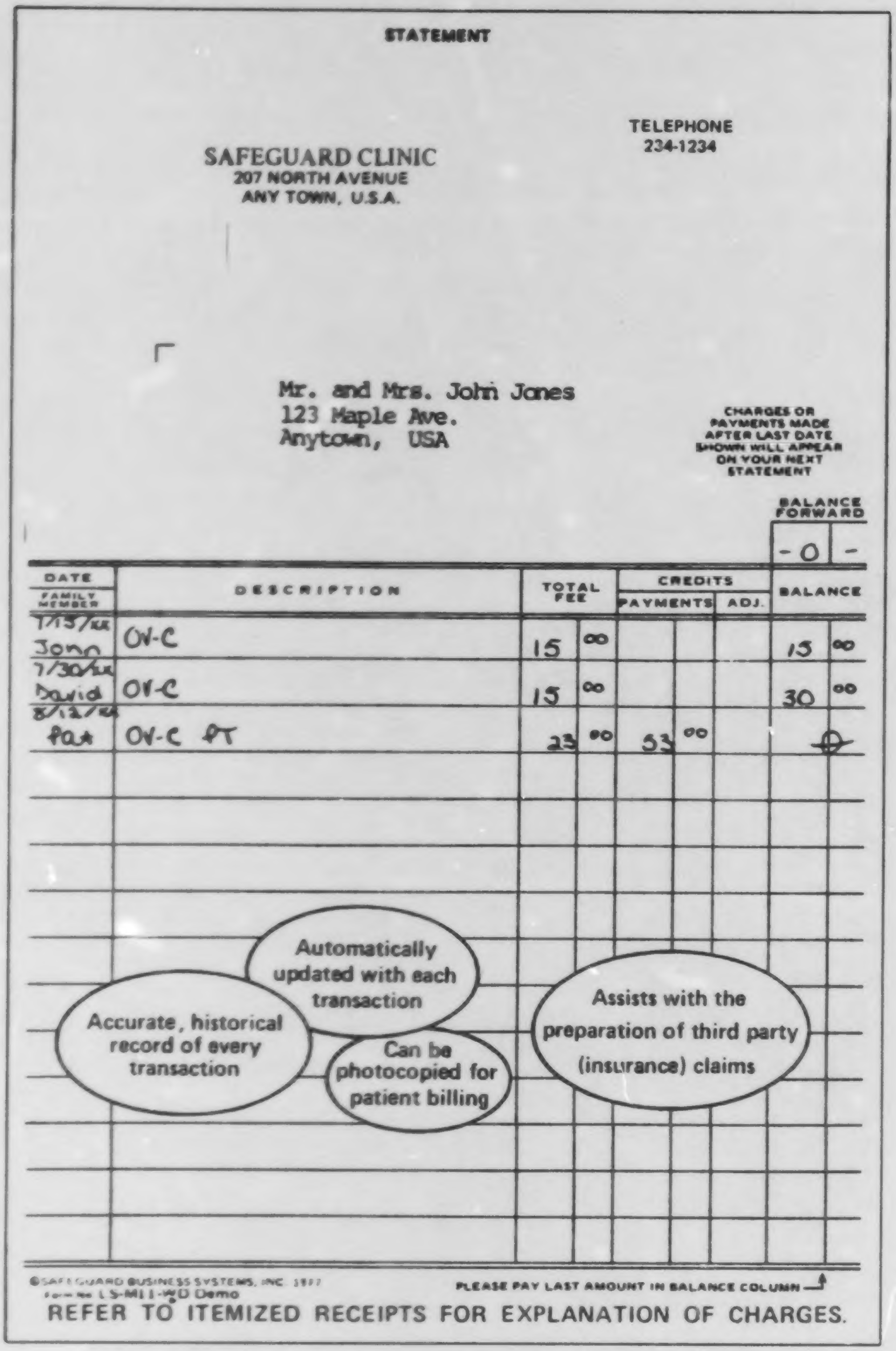
Statements, commonly referred to as "bills," are prepared by the assistant and mailed at the end of the month to request payment for services performed in the dental office. Patients should receive their statements on or before the first of the month. Statements should be neat, legible, and accurate.

It is recommended that statements be itemized. Itemization includes listing each visit and payment made each month on a patient's statement. This will ensure that patients have a clear understanding of each and every transaction that occurs in a month's period of time. The amount due should be posted on each statement (see fig. 16).

There are dentists who prefer to send nonitemized statements, which list only the amount due (see fig. 17). This can be confusing to patients if they are unsure of what services were performed and the charges for each service.

Statement preparation can be an extremely time-consuming task. After the information has been transferred from the patient's ledger card to the statement form, an envelope must be addressed and stuffed with both the prepared statement and return envelope. The addressed envelope must then be stamped and mailed. To save time, the assistant may want to try using (1) photocopiers to reproduce the information found on the ledger card onto a statement, (2) window envelopes to show the patient's photocopied address from the ledger card, and (3) metered postage.

If the dental office uses the pegboard system of record keeping, statements are already prepared in advance. If computerized billing services are used, the work is done by the computer bureau.



STATEMENT

SAFEGUARD CLINIC
207 NORTH AVENUE
ANY TOWN, U.S.A.

TELEPHONE
234-1234

Mr. and Mrs. John Jones
123 Maple Ave.
Anytown, USA

CHARGES OR PAYMENTS MADE AFTER LAST DATE SHOWN WILL APPEAR ON YOUR NEXT STATEMENT

BALANCE FORWARD: -0-

DATE FAMILY MEMBER	DESCRIPTION	TOTAL FEE	CREDITS PAYMENTS	CREDITS ADJ.	BALANCE
7/15/xx John	OV-C	15.00			15.00
7/30/xx David	OV-C	15.00			30.00
8/12/xx Pat	OV-C PT	23.00	53.00		0

©SAFEGUARD BUSINESS SYSTEMS, INC. 1977
Form No. LS-M11-WD Demo

PLEASE PAY LAST AMOUNT IN BALANCE COLUMN

REFER TO ITEMIZED RECEIPTS FOR EXPLANATION OF CHARGES.

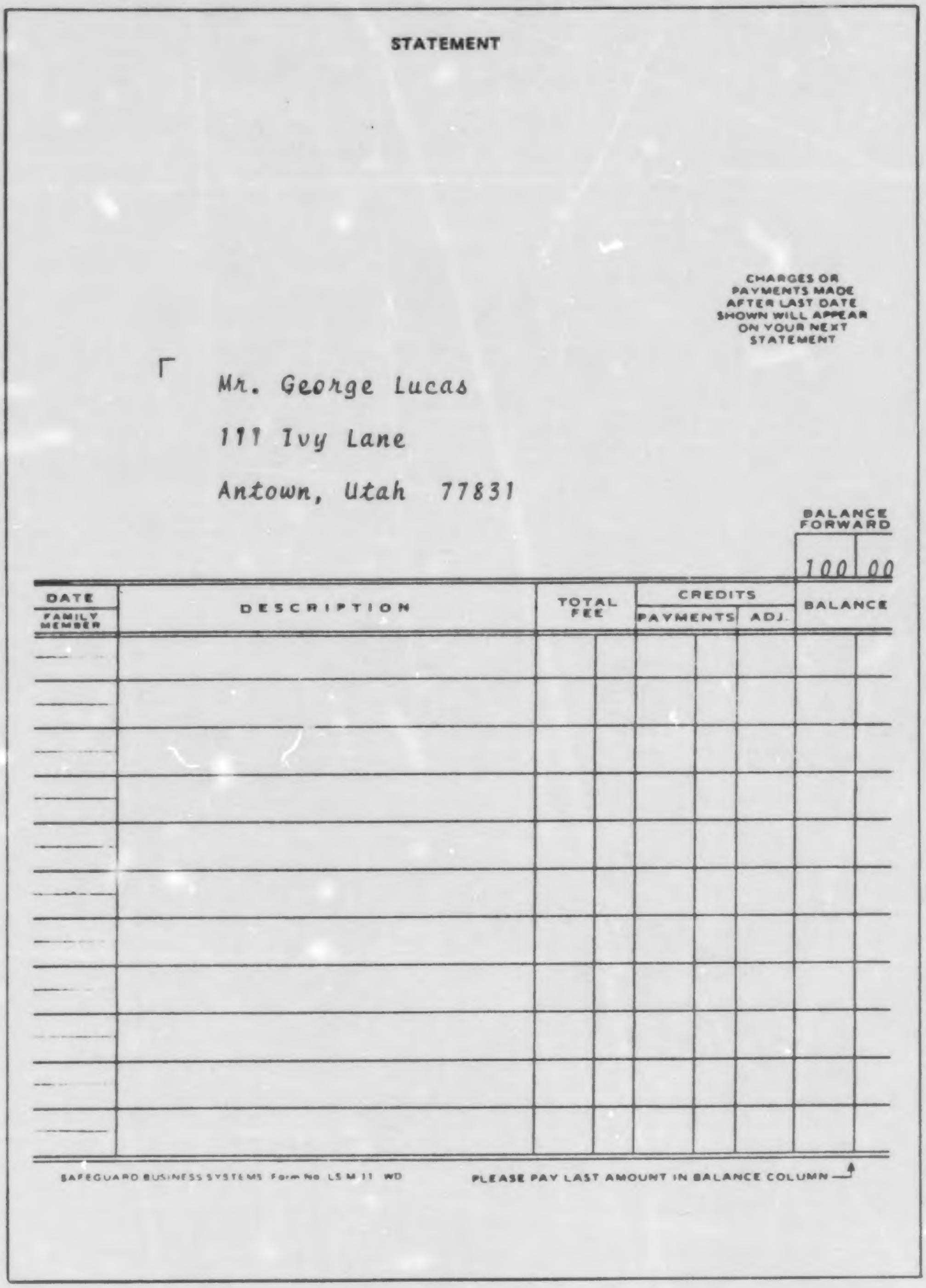
Automatically updated with each transaction

Accurate, historical record of every transaction

Can be photocopied for patient billing

Assists with the preparation of third party (insurance) claims

Fig. 16. Itemized statement



STATEMENT

CHARGES OR PAYMENTS MADE AFTER LAST DATE SHOWN WILL APPEAR ON YOUR NEXT STATEMENT

Mr. George Lucas
111 Ivy Lane
Antown, Utah 77831

BALANCE FORWARD 100 00

DATE FAMILY MEMBER	DESCRIPTION	TOTAL FEE	CREDITS		BALANCE
			PAYMENTS	ADJ.	

SAFEGUARD BUSINESS SYSTEMS Form No. LS M 11 WD

PLEASE PAY LAST AMOUNT IN BALANCE COLUMN

Fig. 17. Nonitemized statement

Methods of Payment

There are many financial arrangements that can be adapted to conform to most patients' budgets. The assistant should be familiar with each arrangement offered by the dentist in order to best serve the patients. Some of the more common financial arrangements and payment plans are these:

- Cash
- Payment of statement in full
- Extended payment
- Dental loan plan
- Insurance
- Credit card

The **cash** payment plan requires the patient to pay for services at the time they are performed. It may also be referred to as the "pay-as-you-go" plan.

The **payment of statement in full** plan is a 30-day credit plan, where payment in full is made upon receipt of the monthly statement or bill.

The **extended payment** plan involves two or more payments. An initial payment is usually required, and the remaining balance is evenly distributed over several months. If the dentist charges a finance charge and if four or more payments are involved, the federal Truth-in-Lending Act requires that a federal Truth-in-Lending Statement be completed and signed (fig. 18). The form should be in duplicate, with one copy given to the patient and one copy kept in the dentist's files.

It is not recommended to extend payments beyond 12 months. If it is necessary to do so, **dental loan plans** or third-party payment plans should be used. These are usually obtained through a local bank with the cooperation of the dental society. The plans offer convenient repayment terms to patients. All arrangements are made through the dental office, but the payments are made to the bank. The bank charges the dentist a service fee to cover expenses incurred by the bank, such as credit investigation, financing risks, and collection fees.

Dental insurance is a factor influencing the number of people able to afford regular dental care. If the patient has dental insurance, he/she pays a deductible amount for each policy period. Once the deductible amount has been met, the insurance carrier will begin contributing to the cost of dental care. Most dental offices have now adopted a policy whereby patients pay the dentist for services and have the insurance benefits paid to them. This avoids delays in the dentist being paid for service performed.

Credit card methods of payment are becoming more and more popular. The use of MasterCard and Visa can be found in many dental offices. Again, the dentist must pay a service fee to the card company to cover expenses incurred in statement preparation and collection costs. The dentist receives payment from the company upon submission of a completed credit card form. The patient makes payments directly to the credit card company.

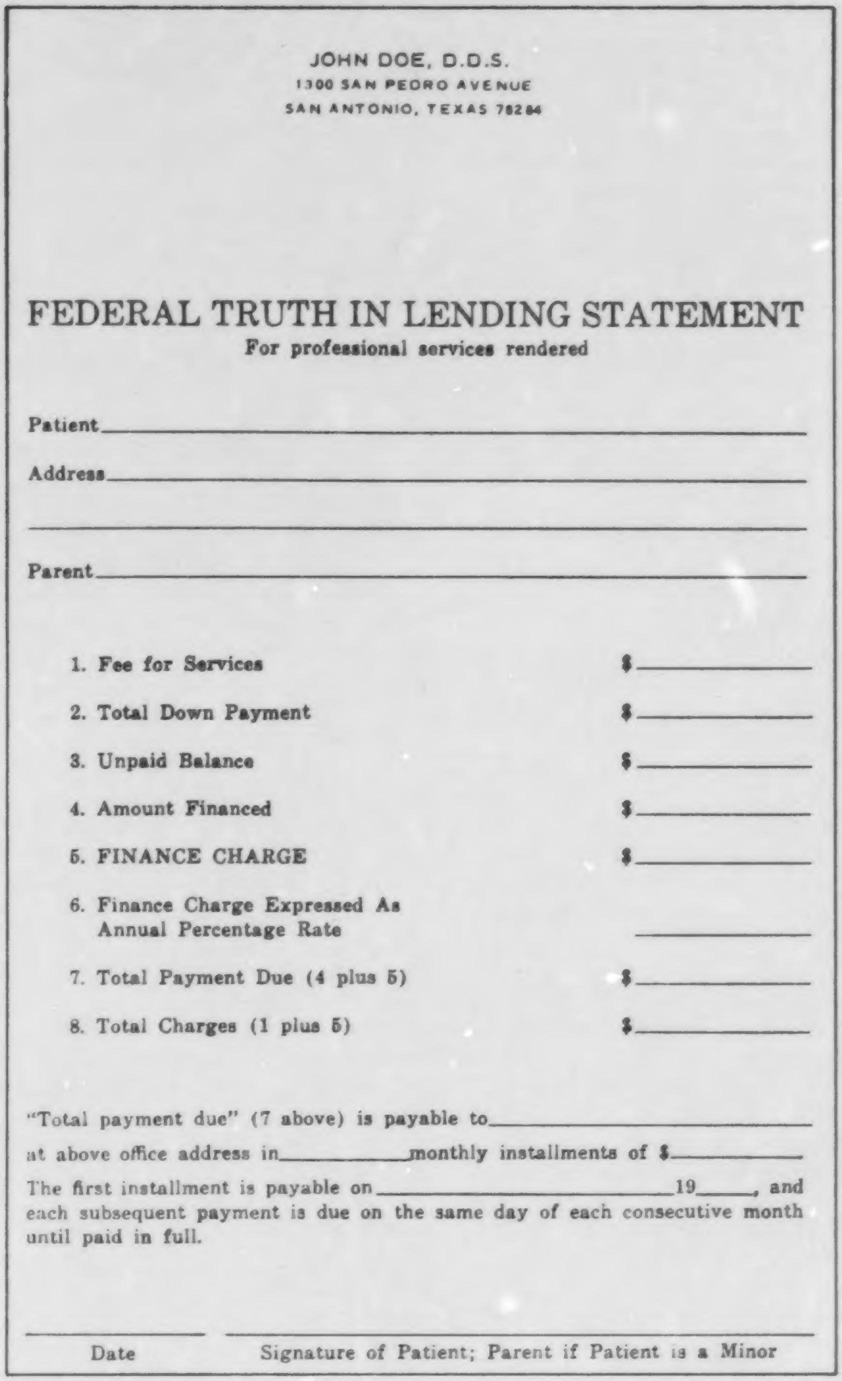
Collection Procedures

Many patients will become delinquent in the payment of their dental bills. At this time, the assistant must take some type of action to ensure that payments are made as agreed upon. The assistant may use these methods: (1) telephone, (2) letters, and (3) collection agencies.

Telephone

When using the telephone, it is important to make sure that you are speaking with the person responsible for the account. It is better to call patients at home, but if repeated attempts are not successful, you may call them at work. Identify yourself and the dentist's office at the beginning of each call. If the person responsible for the account is not available, leave only your name, the name of the dentist's office, and the telephone number. Never reveal the reason for the call to anyone other than the responsible person. When you reach the person responsible for the account, you should again repeat your name and the dentist's office (e.g. "This is Ms. Thomas calling from Dr. Smith's office ") and pause briefly. This will give the person the opportunity to initiate conversation.

Some people will be very apologetic, and others will become extremely agitated. Regardless of the response, you should remain calm and firm. It is difficult for a person to argue with someone who will not argue in return. Any arrangements made with the patient over the telephone should be noted on the patient's ledger card. A letter should be sent confirming the arrangements made. If the arrangements are again not adhered to,



JOHN DOE, D.D.S.
1300 SAN PEDRO AVENUE
SAN ANTONIO, TEXAS 78284

FEDERAL TRUTH IN LENDING STATEMENT

For professional services rendered

Patient ______________________________

Address ______________________________

____

Parent ______________________________

1. Fee for Services	$ __________
2. Total Down Payment	$ __________
3. Unpaid Balance	$ __________
4. Amount Financed	$ __________
5. FINANCE CHARGE	$ __________
6. Finance Charge Expressed As Annual Percentage Rate	__________
7. Total Payment Due (4 plus 5)	$ __________
8. Total Charges (1 plus 5)	$ __________

"Total payment due" (7 above) is payable to ______________________
at above office address in __________ monthly installments of $ __________
The first installment is payable on ______________________ 19_____, and each subsequent payment is due on the same day of each consecutive month until paid in full.

__________ Date

______________________ Signature of Patient; Parent if Patient is a Minor

Fig. 18. Federal Truth in Lending Statement

you should follow up with another telephone call to the patient. If this is not successful in clearing up the patient's overdue account, further collection action may be taken.

Letter

A personal letter to patients with overdue accounts is a very effective means of collection. The assistant must make sure that all information in the letter is accurate, that no grammatical errors appear, and that the letter is neat in appearance. The letter should be easily understood without offending the patient. Figures 19 and 20 are examples of collection letters.

Collection Agencies

Only the dentist decides whether to turn a patient's account over to a collection agency. The dentist will want to review the account and select an agency to handle related collection procedures. Accounts are commonly referred to collection agencies if 6 to 8 months have elapsed since treatment and no payment has been made. The agency will want all available information on the patient that the dental office has. Cooperation between the dental office and the agency will speed up the process. Once the collection agency has collected from the patient the amount due to the dentist, a percentage will be deducted for fees to the agency. This percentage varies from agency to agency.

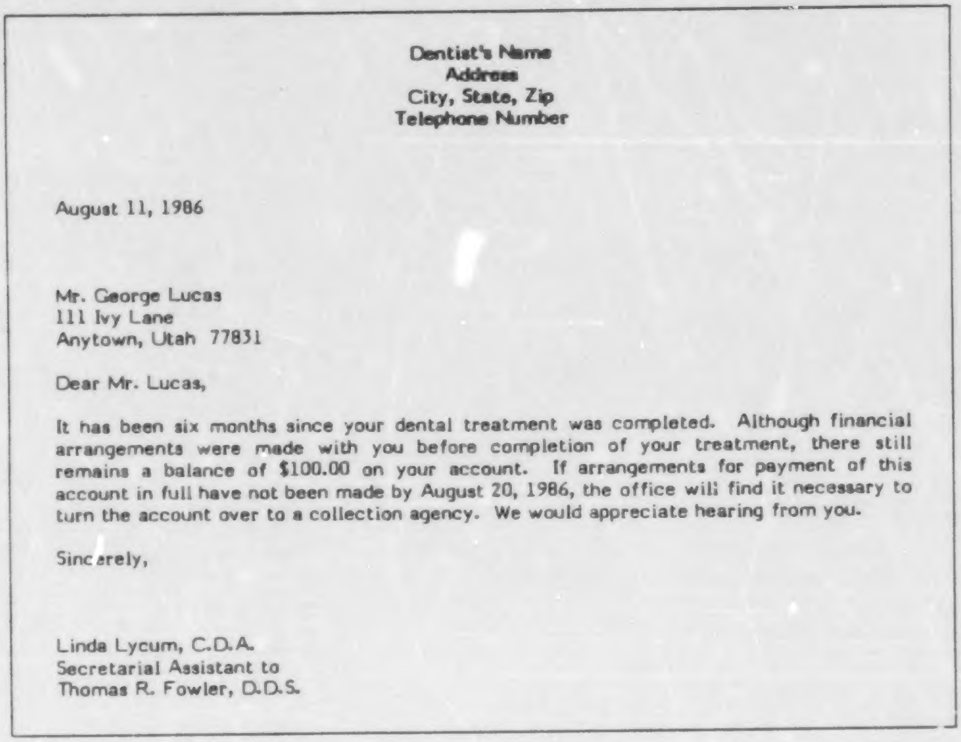
Ageing of Accounts

The assistant is required to age the accounts of all accounts receivable each month. This will determine which accounts are current, which are 30 days delinquent, which are 60 days delinquent, and so on. For example, figure 21 shows that today's date is April 1. All charges not paid for in March are considered to be current. All charges not paid for in February are considered to be 30 days delinquent. All charges not paid for in January are considered to be 60 days delinquent. All charges not paid for in December are considered to be 90 days delinquent.

Pegboard systems have a special format for ageing of accounts. Computerized billing services handle ageing of accounts with a hard copy distributed to the office for appropriate action to be taken.

Using Adjustments and Making Special Entries

With all of the different types of payment plans—collection agency payments, returned checks, dentist discounts—the assistant will need to make entries in the adjustments column of the daily journal page. Figure 22 is an example of how each of these entries would be recorded on a daily journal sheet.



Dentist's Name
Address
City, State, Zip
Telephone Number

August 11, 1986

Mr. George Lucas
111 Ivy Lane
Anytown, Utah 77831

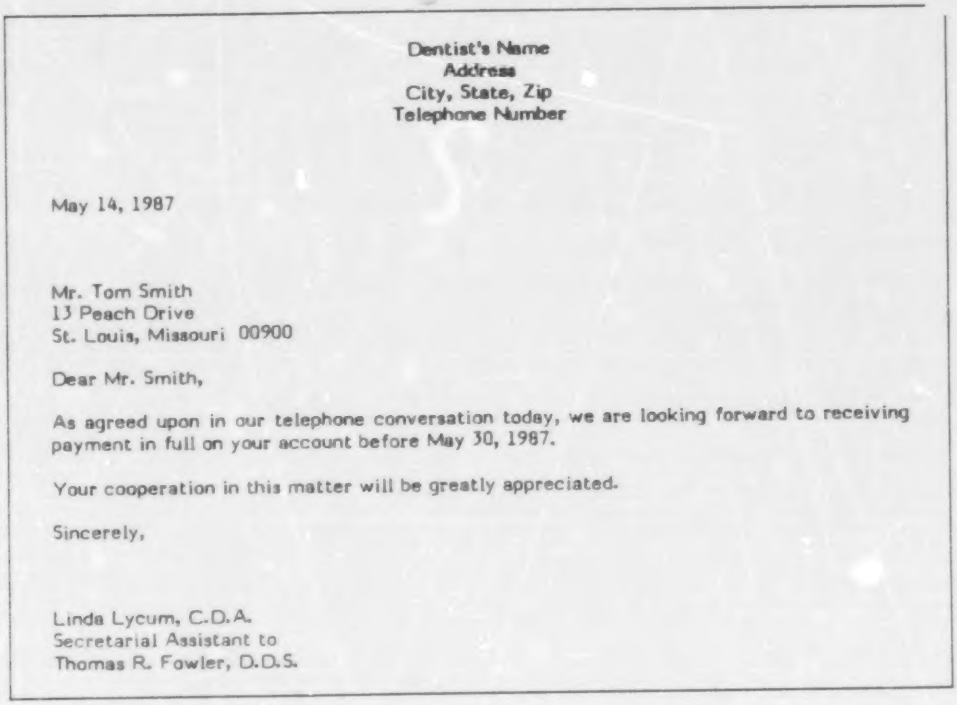
Dear Mr. Lucas,

It has been six months since your dental treatment was completed. Although financial arrangements were made with you before completion of your treatment, there still remains a balance of $100.00 on your account. If arrangements for payment of this account in full have not been made by August 20, 1986, the office will find it necessary to turn the account over to a collection agency. We would appreciate hearing from you.

Sincerely,

Linda Lycum, C.D.A.
Secretarial Assistant to
Thomas R. Fowler, D.D.S.

Fig. 19. Sample collection letter



Dentist's Name
Address
City, State, Zip
Telephone Number

May 14, 1987

Mr. Tom Smith
13 Peach Drive
St. Louis, Missouri 00900

Dear Mr. Smith,

As agreed upon in our telephone conversation today, we are looking forward to receiving payment in full on your account before May 30, 1987.

Your cooperation in this matter will be greatly appreciated.

Sincerely,

Linda Lycum, C.D.A.
Secretarial Assistant to
Thomas R. Fowler, D.D.S.

Fig. 20. Sample collection letter

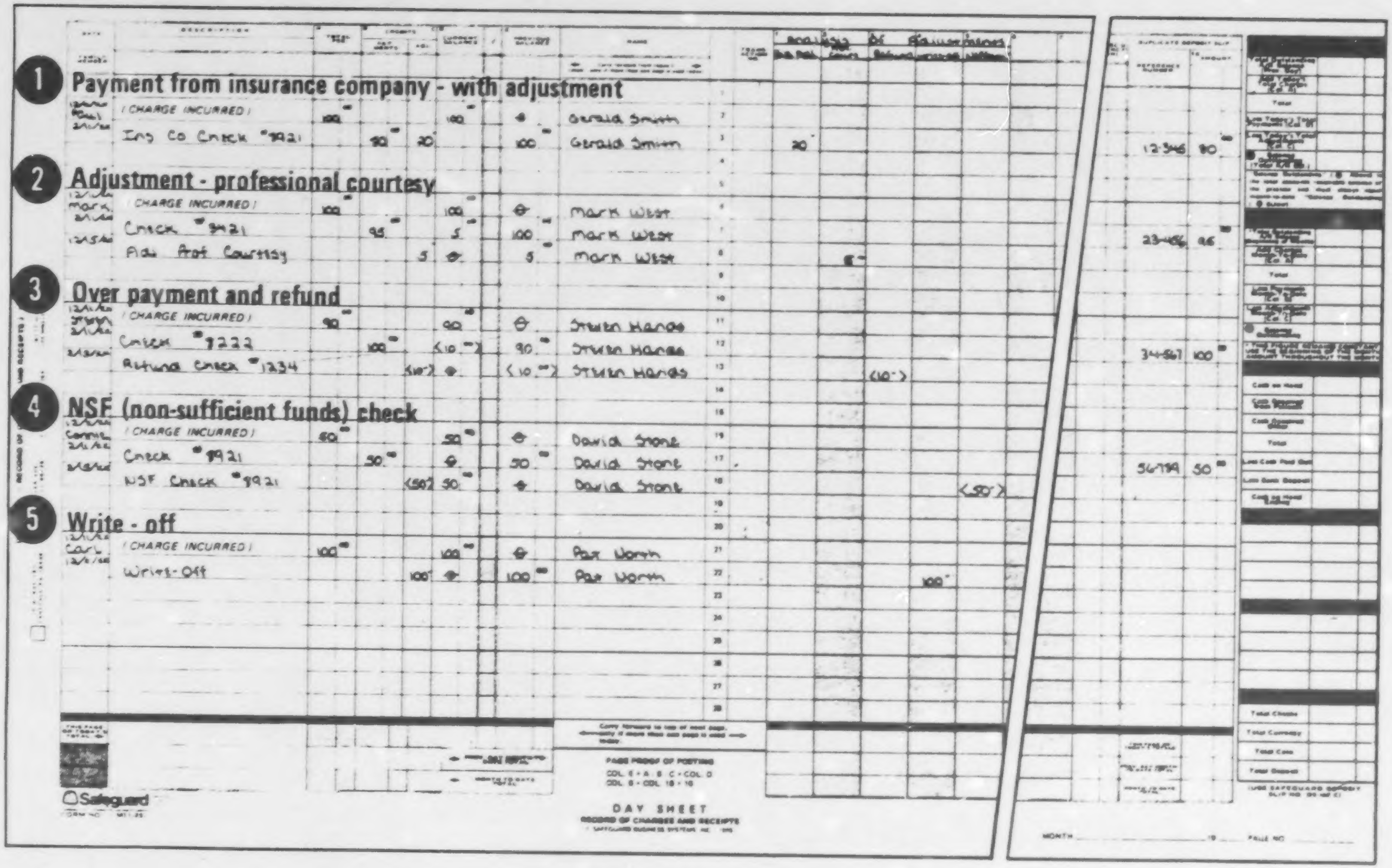
ACCOUNT NAME: Tom Williams

DATE	CHARGES	PAYMENTS	BALANCE
10/11/87	$100.00	-	$100.00
10/29/87	$ 50.00	$ 50.00	$100.00
10/31/87	-	$100.00	-
11/6/87	$ 25.00	-	$ 25.00
11/18/87	$ 10.00	$ 35.00	-
12/9/87	$450.00	$ 50.00	$400.00
1/9/88	-	$ 50.00	$350.00
1/26/88	$ 15.00	-	$365.00
2/14/88	$ 10.00	$ 50.00	$325.00
3/22/88	$ 5.00	$ 50.00	$280.00

TODAY"S DATE: April 1

Current-March	$ 5.00	
30 Days-February	$ 10.00	
60 Days-January	$ 15.00	
90 Days-December	$250.00	
120 Days-November	-0-	
	$280.00	(Should equal account balance)

Fig. 21. Ageing accounts



1 Payment from insurance company - with adjustment

(CHARGE INCURRED)	100.00			100.00	0	Gerald Smith			
Ins Co Check #9921		80.00	20		100.00	Gerald Smith	20.00	12-346	80.00

2 Adjustment - professional courtesy

(CHARGE INCURRED)	100.00			100.00	0	Mark West			
Check #9421		95.00		5.00	100.00	Mark West		23-456	95.00
Adj. Prof. Courtesy			5	0	5.00	Mark West	5.00		

3 Over payment and refund

(CHARGE INCURRED)	90.00			90.00	0	Steven Hands			
Check #7222		100.00		(10.00)	90.00	Steven Hands		34-567	100.00
Refund Check #1234			(10.00)	0	(10.00)	Steven Hands	(10.00)		

4 NSF (non-sufficient funds) check

(CHARGE INCURRED)	50.00			50.00	0	David Stone			
Check #9921		50.00		0	50.00	David Stone		56-789	50.00
NSF Check #9921			(50)	50.00	0	David Stone	(50.00)		

5 Write - off

(CHARGE INCURRED)	100.00			100.00	0	Pat North	
Write-Off			100	0	100.00	Pat North	100.00

Safeguard

DAY SHEET
RECORD OF CHARGES AND RECEIPTS

Fig. 22. Recording adjustments

BEST COPY AVAILABLE

Bibliography

Domer, Larry R; Snyder, Thomas L; and Heid, David W. Dental Practice Management: Concepts and Application. St. Louis: C.V. Mosby, 1980.

Douglas, Mary Ann. Secretarial Dental Assistant. Albany, N.Y.: Delmar, 1976.

Earl, Ethel. Dental Assisting Manual I: Professionalism, Legal Consideration, and Office Management. 3rd ed. Chapel Hill: University of North Carolina Press, 1980.

Ehrlich, Ann. Business Administration for the Dental Assistant. 2nd ed. Champaign, Ill.: Colwell, 1976.

Howar, W.W., and Parks, A.L. The Dentist and the Law. 3rd ed. St. Louis: C.V. Mosby, 1973.

Ladley, Betty A., and Patt, Jerry C. Office Procedures for the Dental Team. St. Louis: C.V. Mosby, 1977.

Reap, Charles A. Complete Dental Assistant's, Secretary's and Hygienist's Handbook. Englewood Cliffs, N.J.: Parker Publishing Co., Imprint of Prentice-Hall, 1973.

Richardson, Richard E., and Barton, Roger E. The Dental Assistant. 5th ed. New York: McGraw-Hill, 1978.

Schwarzrock, Shirley P., and Jensen, James R. Effective Dental Assisting. 6th ed. Dubuque, Iowa: William C. Brown, 1982.

Torres, Hazel O., and Ehrlich, Ann. Modern Dental Assisting. 2nd ed. Philadelphia: W.B. Saunders, 1980.

Managing Dental Office Records

Instructor's Guide

By

Sandra Kovacs Graf

Published by

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COMPLIANCE STATEMENT

TITLE VI, CIVIL RIGHTS ACT OF 1964; THE MODIFIED COURT ORDER, CIVIL ACTION 5281, FEDERAL DISTRICT COURT, EASTERN DISTRICT OF TEXAS, TYLER DIVISION

Reviews of local education agencies pertaining to compliance with Title VI Civil Rights Act of 1964 and with specific requirements of the Modified Court Order, Civil Action No. 5281, Federal District Court, Eastern District of Texas, Tyler Division are conducted periodically by staff representatives of the Texas Education Agency. These reviews cover at least the following policies and practices:

(1) acceptance policies on student transfers from other school districts;

(2) operation of school bus routes or runs on a non-segregated basis;

(3) nondiscrimination in extracurricular activities and the use of school facilities;

(4) nondiscriminatory practices in the hiring, assigning, promoting, paying, demoting, reassigning, or dismissing of faculty and staff members who work with children;

(5) enrollment and assignment of students without discrimination on the basis of race, color, or national origin;

(6) nondiscriminatory practices relating to the use of a student's first language; and

(7) evidence of published procedures for hearing complaints and grievances.

In addition to conducting reviews, the Texas Education Agency staff representatives check complaints of discrimination made by a citizen or citizens residing in a school district where it is alleged discriminatory practices have occurred or are occurring.

Where a violation of Title VI of the Civil Rights Act is found, the findings are reported to the Office for Civil Rights, Department of Health, Education and Welfare.

If there is a direct violation of the Court Order in Civil Action No. 5281 that cannot be cleared through negotiation, the sanctions required by the Court Order are applied.

TITLE VII, CIVIL RIGHTS ACT OF 1964: EXECUTIVE ORDERS 11246 and 11375; TITLE IX 1973 EDUCATION AMENDMENTS: REHABILITATION ACT OF 1973 AS AMENDED; 1974 AMENDMENTS TO THE WAGE-HOUR LAW EXPANDING THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967; VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1972 AS AMENDED IN 1974.

It is the policy of the Texas Education Agency to comply fully with the nondiscrimination provisions of all federal and state laws and regulation by assuring that no person shall be excluded from consideration for recruitment, selection, appointment, training, promotion, retention, or any other personnel action, or be denied any benefits or participation in any programs of activities which it operates on the grounds of race, religion, color, national origin, sex, handicap, age, or veteran status (except where age, sex, or handicap constitute a bona fide occupational qualification necessary to proper and efficient administration). The Texas Education Agency makes positive efforts to employ and advance in employment all protected groups.

Foreword

This publication, "Managing Dental Office Records," is part of a series entitled "Dental Auxiliary Services." Other titles in the series are "Dental Chairside Technique," "Dental Office Procedures," and "Dental Charting." Each title has two volumes, a student's manual and an instructor's guide.

These instructional materials are designed for students enrolled in dental assisting. The information included simulates the activities actually performed by the dental assistant. However, this basic knowledge will be a useful foundation for students who plan further study in any of the various areas of dental health. Although the material is individualized, it should be used under the supervision of a coordinator or instructor. It can be used both by students who are learning dental assisting in the classroom only and by students in a cooperative training program.

Every effort has been made to produce a publication that addresses the unique needs of our current student population. Students with limited English proficiency (LEP) as well as handicapped, educationally disadvantaged, and nontraditional students may require modification of the material in this publication. The professional staff of EIMC will gladly work with any instructor having these students to show how the instructional material can be adapted for specific individualized instruction. Consult local, state, and federal agencies that offer assistance and guidance and that can provide sound recommendations for productive classroom management.

Kathryn R. Allen, Ph.D.
Acting Director, Extension Instruction
and Materials Center

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We also wish to acknowledge Dr. Jim Keeton, Director of Secondary Health Occupations Education, Texas Education Agency, Austin, Texas, for his advice, support, and suggestions concerning these volumes.

Notes for the Instructor

The content of this publication, "Managing Dental Office Records," should be introduced near the last part of the school year after all other basic information ("Dental Office Procedures," "Dental Charting," and "Dental Chairside Technique") has been covered. This manual refers to and uses information from these manuals.

There are many illustrations to make the information clearer and to provide practice in actual records completion and control. Some of the illustrations are suitable for transparencies and thus could be used for classroom instruction. The learning activities are designed to reinforce the information.

The learning activities should be assigned in the order in which they have been written. They follow the sequence of the information, and some activities provide the groundwork for the next activity.

Unit ONE

Clinical Records

Teaching Objectives

After students have covered the material in this unit, including the learning activities, they should be able to—

1. list which records are considered primary records;
2. list which records are considered secondary records;
3. make an entry on a treatment record;
4. correct an incorrect entry made on a treatment record;
5. list the three important factors on a medical health history;
6. explain what a treatment outline is;
7. explain what a treatment record is;
8. give two examples of when a consent form should be used;
9. explain what study models are;
10. give one example of why intraoral photographs are used;
11. give one example of why extraoral photographs are used;
12. explain what a laboratory work authorization is;
13. list the two types of dental office correspondence;
14. list three methods of chart tagging;
15. state how long inactive records should be kept;
16. give two reasons why a patient's records would be transferred; and
17. list the information that should be entered in a patient's chart if a record is transferred.

Teaching Aids

- Chalkboard, chalk, eraser
- Overhead transparency projector

Materials for Students

- Student's manual, Unit 1, "Clinical Records"
- Test for Unit 1, "Clinical Records"
- Learning Activity No. 1: "Completion of Medical Health History"
- Learning Activity No. 2: "Correcting a Treatment Record Entry"
- Learning Activity No. 3: "Completion Statements"
- Learning Activity No. 4: "Word Search—New Terms and Definitions"
- Learning Activity No. 5: "Dental Forms and Filing Systems"
- Learning Activity No. 6: "Matching—New Terms and Definitions"
- Learning Activity No. 7: "Preparing the Treatment Record Form"
- Learning Activity No. 8: "Completing the Treatment Record"

Sentence Outline

I. Clinical Dental Records
   A. Are considered legal documents
   B. Are divided into two groups:
      1. Primary
      2. Secondary
II. Primary Records
   A. Are vital to the treatment of each patient.

- B. Contain information as to what has been done in the past and what is planned for the future.
- C. Contain information in regards to business matters.
- D. Primary records consist of the following:
  1. Acquaintance (or registration) form
  2. Medical health history
  3. Dental health history
  4. Radiographs
  5. Treatment outline
  6. Treatment record
  7. Consent forms

III. Secondary Records

- A. Are those things which aid in the diagnostic and/or treatment process.
- B. Secondary records consist of the following:
  1. Study models
  2. Photographs
  3. Recall information
  4. Laboratory work authorization
  5. Insurance claim forms
  6. Correspondence

IV. Acquaintance Form

- A. Definitely identifies the patient.
- B. Contains information necessary to conduct business between the patient and the office.
- C. The following facts must be obtained on every patient:
  1. Patient's name, address, and telephone number
  2. Name and address of the person responsible for the account
  3. Name of the insurance company and the policy number
  4. Purpose for which the patient has come to the dentist

V. Medical Health History

- A. This form allows the patient to answer selected questions about her past and present medical health.
- B. The patient usually fills this form out himself, and the dentist or assistant should review the answers with the patient to make sure nothing has been forgotten.
- C. Of utmost importance is information related to conditions that could develop into medical emergencies.
- D. The dentist must know the following facts on every patient:
  1. Does the patient have any allergies? If so, what is he or she allergic to, and how does it affect him or her?
  2. Does the patient have any chronic condition that may develop into an emergency situation (such as heart problems, asthma, emphysema)?
  3. Does the patient take a maintenance dosage of any drug? This drug may affect the individual's ability to tolerate certain dental procedures or other medications and drugs used.
- E. It is wise to use a bright color, such as red or orange, to mark the records of patients with allergies or special medical problems. This will alert you to their possible danger.
- F. The name, address, and phone number of the patient's physician should also be recorded on the chart should it be necessary to consult with him/her.
- G. Some forms have a space for the date and the patient's signature (as a legal precaution) that the information given about the patient was provided by said patient or the parent or legal guardian.

H. All patients should be asked periodically if there has been a change in their medical status. If so, changes should be noted, and the form signed and dated by the patient.

VI. Dental Health History

A. Not all offices use a separate form for the dental health history; it can be incorporated into the medical health history.

B. Answers to these questions give the dentist an insight into the patient's past dental experiences.

C. The dental health history can also uncover some dental problems the patient was not aware of.

D. If a separate dental health history form is used, it should be signed and dated as was the medical health history.

E. In addition to the forms completed by the patient, the dentist will perform an intraoral and extraoral soft tissue exam.

1. As the dentist observes and palpates various areas, he or she will dictate his/her findings to the assistant, who records the information.
2. This type of exam is used to detect lumps, masses, or discolored tissues that are sometimes the first signs of oral cancer.
3. This exam is performed on adults as well as children.

VII. Radiographs

A. Radiographs (X-rays) are one of the best diagnostic methods available to the dentist.

B. During the first visit to the dental office (provided no dental emergency exists), the patient's teeth will be cleaned and X-rays taken.

C. Adults usually have eighteen X-rays taken--fourteen periapicals and four bitewings. If the patient has had dental X-rays taken within the previous six months, only the four bitewings are usually taken.

D. Children usually have from ten to fourteen periapical X-rays taken. This may vary, especially if the child has a mixed dentition.

E. X-rays are placed in a film mount, which is to be kept in the patient's chart.

F. The film mount has a place for the patient's name, date the X-rays were taken, and the dentist's name.

G. Some patients feel that the X-rays belong to them because they have paid for them. In actuality, the patient has paid for the dentist to interpret the X-rays and give the patient the dentist's findings.

H. Radiographs are the property of the dentist.

VIII. Treatment Outline

A. After the patient's medical and dental health history has been taken, the present dental conditions charted, X-rays taken, and any other diagnostic measures performed, the dentist will determine a plan of treatment.

B. This treatment plan or outline is a written summary of the dental work needed by the patient and the fees to be charged.

C. The dentist then meets with the patient to explain the findings and the treatment recommended. This is known as the case presentation.

D. The treatment outline can either be a card or a full sheet.

1. The card is convenient because it does not take up a lot of space.
2. The full sheet allows the dentist to review a great deal of information about the patient at one glance.

E. Both forms will contain the same basic information:

1. The patient's name
2. A dental chart (anatomical or geometric) on which existing dental conditions have been charted
3. Space to write what services are planned or needed (beginning with tooth #1, tooth #21, or in the order of importance)

4. The fee for each service

F. Additional items on the form can be:

1. Findings from intraoral exam
2. Growth pattern information of children
3. A section to record mold and shade information for dentures and partial dentures
4. Medical and dental health histories

G. Some treatment outline forms even have a place for the date and the patient's signature.

H. By signing the treatment outline after the case presentation, the patient is consenting to treatment being recommended and to the fees to be charged.

IX. Treatment Record

A. The treatment record is a written record of services rendered to the patient and the fee charged for that service.

B. An accurate record of previous treatment is an aid in providing the best future treatment.

C. This record contains the basic business information: name, address, phone number, and chart number.

D. The treatment record also shows:

1. The date of treatment
2. The number of the tooth being treated along with an explanation of the treatment
3. The fee charged

E. Because of limited space, abbreviations are used for tooth surfaces and procedure codes are used for the treatment whenever possible as was done when making an entry in the appointment book.

F. The codes to be used are determined by the dentist and will vary from one office to another.

G. Everything discussed with the patient or performed on the patient should be recorded on the treatment record.

H. This means not only the type of restoration placed but also:

1. The type of local or general anesthetic used
2. What bases (if any) were used
3. Emergency treatment
4. Surgical procedures
5. Prescriptions given
6. Postoperative instructions discussed

I. Even if a patient does not keep an appointment, write that on the treatment record.

J. Entries on the patient's treatment record should be done as soon as the service is rendered.

K. Complete and accurate records are the best protection against malpractice claims or in defense of them.

L. Never alter an entry made on a treatment record.

M. Treatment records must be kept in ink.

N. What to do if an error is made:

1. Draw one line through the incorrect entry, and write the correct entry below.
2. Be sure the incorrect entry can still be read.
3. Erasures or scratched-out areas may look as though you are trying to hide something.
4. Some legal experts recommend that the incorrect entry be initialed and dated as well. Doing this is just further protection for the dental team.

X. Consent Forms

A. Some authorities consider that when the patient signs the treatment outline after the case presentation, he or she is consenting to the treatment recommended.

B. Others feel that a special consent form is needed so there will be no misunderstandings as to what procedures will be performed.

C. Written consent is not required by law, but for the dentist's protection and as a preventive measure against malpractice suits, certain procedures should have written consent forms:

1. When a general anesthetic will be used
2. When a surgical procedure will be performed
3. When photographs or slides will be taken
4. When any portion of the patient's record will be used for lecture or demonstration purposes

D. Consent forms should identify the treatment to be performed and have a place for the patient's signature and the date.

E. A copy of the signed consent form should be kept in the patient's chart

XI. Study Models

A. Many dentists consider study models a routine part of the clinical record and an important diagnostic tool.

B. Study models (or casts) are exact reproductions of a patient's maxillary and mandibular arches.

C. These models permit the study of the teeth and the relationship of the two arches from every angle since the cheeks and tongue are not present.

D. Study models provide a guide for tooth size, shape, and position--important details when making partial dentures, crowns, or bridges.

E. Periodic study models of a child's dentition show the various stages of development of the dental arches--necessary information for the orthodontist and pedodontist.

F. Oral surgeons also use study models to determine the desired treatment of fractures and correctable abnormalities.

XII. Photographs

A. Photographs may be either intraoral or extraoral.

B. Many dentists use intraoral photographs to show patients the condition of teeth or tissues before or after a certain treatment or procedure.

C. Oral surgeons and orthodontists use profile photographs in determining facial type and to aid in evaluating a plan of treatment.

D. Photographs also show the patient how the facial appearance has been enhanced and/or changed by surgery or braces or both.

E. Photographs of other patients are also an invaluable tool when counseling with prospective patients.

XIII. Laboratory Work Authorization

A. The laboratory work authorization is a prescription written by the dentist and sent to the lab with each impression or model.

B. The prescription acts as a blueprint for what the dentist wants fabricated by the laboratory technician, be it a full crown or a full denture.

C. The laboratory work authorization contains:

1. The name and address of the laboratory
2. The patient's name and address
3. Shade of tooth or teeth to be used
4. The date the dentist would like the case returned
5. The date the case is sent to the lab
6. Space for the case number (assigned by the lab)
7. Space for the dentist's instructions, signature, and license number.

- D. There are two copies of the laboratory work authorization. The top copy is sent to the lab, and the bottom copy is kept in the patient's chart.

XIV. Recall and Insurance Information

Patient recall information and insurance claim forms are also considered secondary records, but will be discussed in detail in Units Two and Three.

XV. Correspondence

- A. Written correspondence between the dental office and the patient can be of a business or public relations nature.
- B. Business correspondence would refer to letters about recall appointments, broken appointments, or financial arrangements.
- C. Public relations letters would include referral letters--when the dentist thanks a patient of record for referring a new patient to the office.
- D. Other correspondence between dental offices involves patients who are being referred to a specialist for treatment or consultation.

XVI. Filing

- A. All of the primary records are usually kept in a pocket type of folder known as the patient chart.
- B. To this folder may be added the secondary records--except for study models.
- C. This enables the dental team to have at their fingertips most of the information acquired about each patient.
- D. In most dental practices, the patient charts are usually filed in alphabetical order. Therefore, it is very important that all forms have the patient's full name (spelled correctly), with the last name first.
- E. In the larger group practices and clinics, patients are assigned a number and all charts are filed accordingly.
- F. When using the numerical method, all of the patient's records must contain his or her chart number as well as his or her full name. An alphabetic index is used as a key in locating the chart numbers.
- G. Where the patient charts are kept depends not only on the filing method used (alphabetical or numerical), but also on how the charts are tagged—placement of the name or number on the chart.
- H. The three methods of tagging are:
  1. Horizontal
  2. Lateral
  3. Vertical
- I. The vertical file cabinet is ideal for charts tagged horizontally.
- J. The lateral file cabinet, the round filing carousel, and shelf filing on stationary shelves built on the wall are good for charts tagged vertically or laterally.
- K. Filing study models
  1. Study models are too large and cumbersome to be kept in the patient chart.
  2. Study models should be accurately labeled with the patient's name, date models were made, and chart number (if one is used).
  3. They are then placed in individual boxes, which can be stacked on shelves.
  4. Models can also be placed directly onto shelves specifically designed for this purpose with the labeled side facing out so it can be easily read.

XVII. Storage of Records

- A. Authorities differ in their views as to the length of time inactive records should be kept.
- B. Some say five years, some ten years, and still others say forever.
- C. One rule of thumb to go by, however, would be the statute of limitations in your state.
- D. Storage of inactive records also depends on the amount of space available in your office.

E. Patient charts and other records kept in file folders can be placed in boxes, and the boxes can be labeled and then stacked when they are full.
F. Inactive records should be stored so that they can be easily retrieved if needed.

XVIII. Transfer of Records
A. Sometimes a patient is referred to another dentist for treatment (such as to an oral surgeon for extractions), or a patient may be moving out of the city and will be going to another dentist.
B. This means that the radiographs and other pertinent information from the patient's chart (such as what treatment has been performed and the past medical history) will be transferred from one dental office to another.
C. When items are transferred, the following information should be entered in the patient's chart:
1. Date of transfer
2. Name and address of dentist to whom they are being sent
3. If treatment is being requested, a copy of the instructions to the other dentist
D. When possible, duplicates of the necessary information should be sent and the originals kept in your office.

XVIX. Rights of Patients
A. Patients have a right to good dental care and to pay a reasonable fee for that care.
B. The patient also has the right to have that care and treatment kept private and confidential.
C. Charts should not be left lying about where another patient could pick them up and read them.
D. Charts should be returned to the files as soon as the office visit is completed.
E. Discussing one patient with another or showing any of a patient's clinical record in public without his/her written consent is considered an invasion of privacy.

Learning Activities

These activities should be completed in chronological order.

Learning Activity No. 1: "Completion of Medical Health History"
By completing this form, students will have an understanding of their own medical health background as well as being able to relate to patients when asking them to complete the form.

Learning Activity No. 2: "Correcting a Treatment Record Entry"
Students will become familiar with correcting mistakes which are made when items are entered on the treatment record.

Learning Activity No. 3: "Completion Statements"
By completing the statements, students will become more familiar with the information.

Learning Activity No. 4: "Word Search--New Terms and Definitions"
Students will circle the terms in the chart provided. This activity could be modified for other learning devices, such as spelling competition or other word games.

Learning Activity No. 5: "Dental Forms and Filing Systems"
This activity will allow students to exchange information and become aware of other types of clinical forms and filing methods. This activity is very good for beginning a classroom discussion and student interaction.

Learning Activity No. 6: "Matching--New Terms and Definition"
This activity will allow students to become familiar with the terms being used in the unit of instruction.

Learning Activity No. 7: "Preparing the Treatment Record Form"
This activity will allow students to become familiar with an acquaintance form as well as the treatment record form. Students will also learn how to accurately transcribe information from one form to another.

Learning Activity No. 8: "Completing the Treatment Record"
This activity will allow students to put several areas of information (old and newly acquired) together. This form will also be the basis for a learning activity in Unit Two.

Answers to Learning Activities

Answer to Learning Activity No. 1: "Completion of Medical Health History"
Answers may vary.

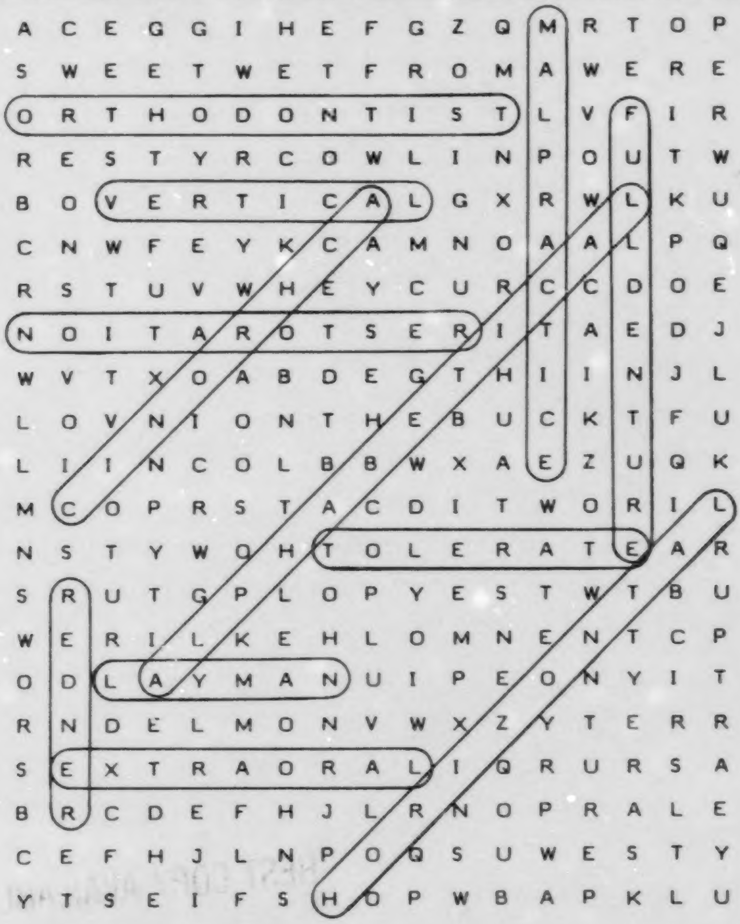
Answer to Learning Activity No. 2: "Correcting a Treatment Record Entry"

1		2		3	4	5
DATE 1982		SERVICES RENDERED		Charges	Payments and Discounts	BALANCE
			BALANCE BROUGHT FORWARD			
02	13	1	Occlusal Amalgam			
03	17	2	MOD amalgam; ZOE base			
~~04~~	~~10~~	~~3~~	~~MO gold inlay 4/10/82~~	~~Hst~~		
04	10	3	MOD gold inlay			

Answer to Learning Activity No. 3: "Completion Statements"

1. C. Does the patient take a maintenance dosage drug?
2. X-rays or radiographs
3. treatment outline
4. treatment record
5. as soon as the service is rendered
6. D. when any portion of the patient's record will be used for lecture or demonstration purposes
7. study models
8. B. extraoral
9. laboratory work authorization
10. B. public relations
11. chart
12. numerical
13. tagged
14. C. horizontal
15. statute of limitations
16. B. Patient is moving out of the city.
17. C. if treatment is being requested, a copy of the instructions to the other dentist
18. private/confidential
19. ink

Answer to Learning Activity No. 4: "Word Search—New Terms and Definitions"



A	C	E	G	G	I	H	E	F	G	Z	Q	M	R	T	O	P
S	W	E	E	T	W	E	T	F	R	O	M	A	W	E	R	E
O	R	T	H	O	D	O	N	T	I	S	T	L	V	F	I	R
R	E	S	T	Y	R	C	O	W	L	I	N	P	O	U	T	W
B	O	V	E	R	T	I	C	A	L	G	X	R	W	L	K	U
C	N	W	F	E	Y	K	C	A	M	N	O	A	A	L	P	Q
R	S	T	U	V	W	H	E	Y	C	U	R	C	C	D	O	E
N	O	I	T	A	R	O	T	S	E	R	I	T	A	E	D	J
W	V	T	X	O	A	B	D	E	G	T	H	I	I	N	J	L
L	O	V	N	T	O	N	T	H	E	B	U	C	K	T	F	U
L	I	I	N	C	O	L	B	B	W	X	A	E	Z	U	Q	K
M	C	O	P	R	S	T	A	C	D	I	T	W	O	R	I	L
N	S	T	Y	W	O	H	T	O	L	E	R	A	T	E	A	R
S	R	U	T	G	P	L	O	P	Y	E	S	T	W	T	B	U
W	E	R	I	L	K	E	H	L	O	M	N	E	N	T	C	P
O	D	L	A	Y	M	A	N	U	I	P	E	O	N	Y	I	T
R	N	D	E	L	M	O	N	V	W	X	Z	Y	T	E	R	R
S	E	X	T	R	A	O	R	A	L	I	Q	R	U	R	S	A
B	R	C	D	E	F	H	J	L	R	N	O	P	R	A	L	E
C	E	F	H	J	L	N	P	O	Q	S	U	W	E	S	T	Y
Y	T	S	E	I	F	S	H	O	P	W	B	A	P	K	L	U

Answer to Learning Activity No. 5: "Dental Forms and Filing Systems"

Answers and forms will vary.

Answer to Learning Activity No. 6: "Matching—New Terms and Definitions"

1.	I	6.	B
2.	D	7.	H
3.	G	8.	C
4.	A	9.	E
5.	F	10.	J

Answer to Learning Activity No. 7: "Preparing the Treatment Record Form"

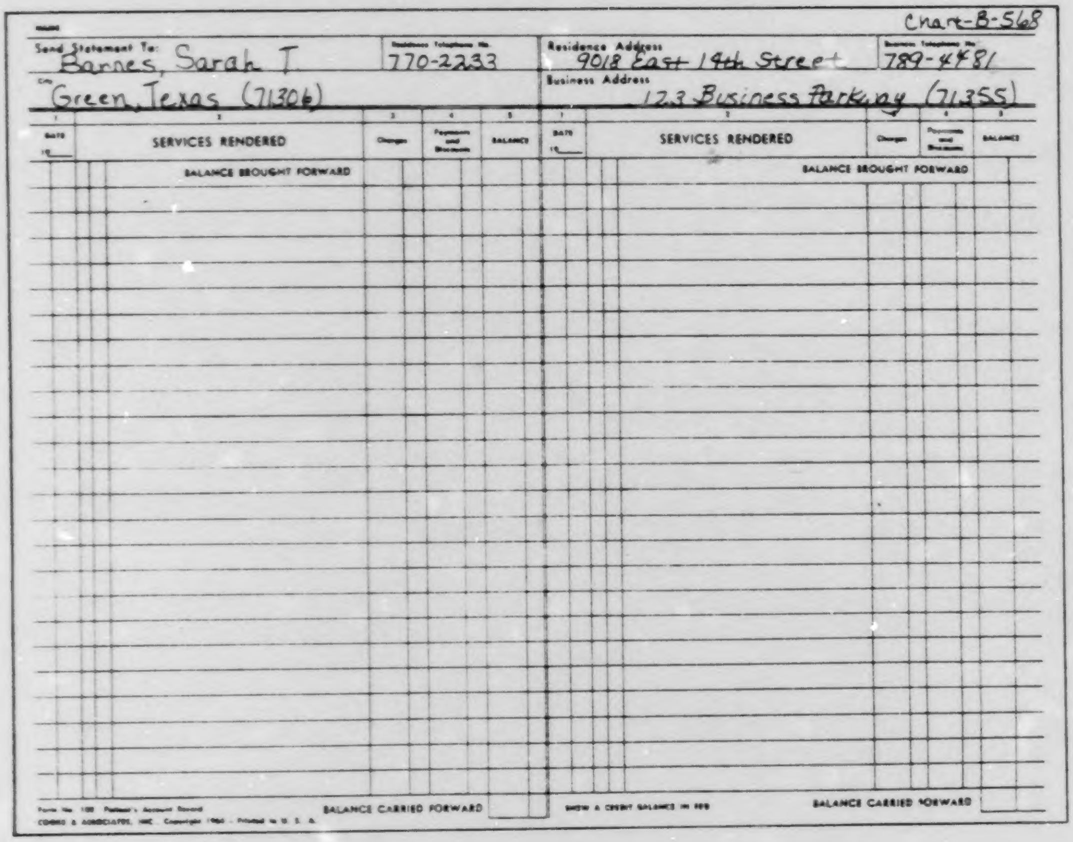


Chart-B-568

Send Statement To: Barnes, Sarah T.

Residence Telephone No. 770-2233

Residence Address 9018 East 14th Street

Business Telephone No. 789-4481

City Green, Texas (71306)

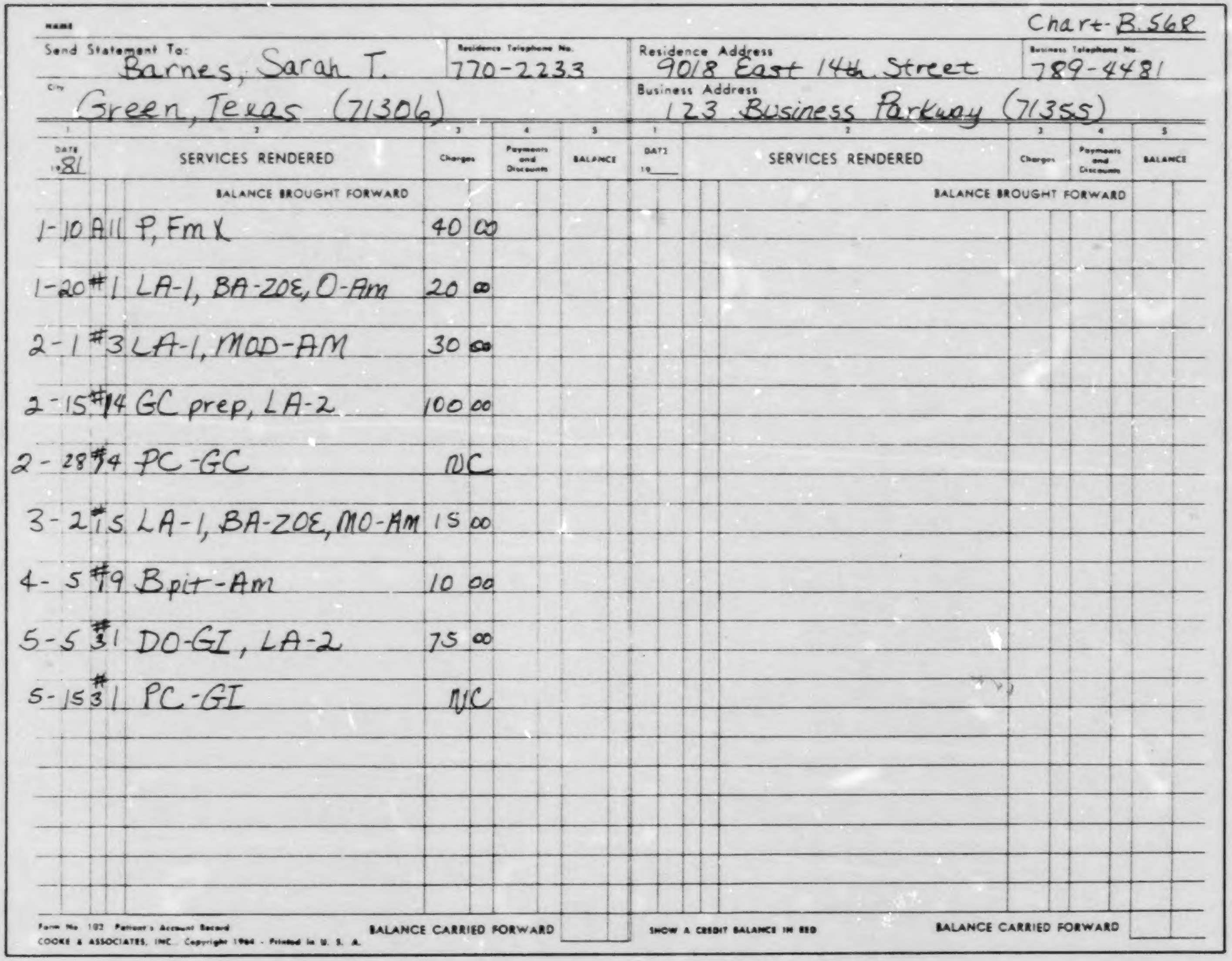
Business Address 123 Business Parkway (71355)

1	2	3	4	5	1	2	3	4	5
DATE 19__	SERVICES RENDERED	Charges	Payments and Discounts	BALANCE	DATE 19__	SERVICES RENDERED	Charges	Payments and Discounts	BALANCE
	BALANCE BROUGHT FORWARD					BALANCE BROUGHT FORWARD			
	BALANCE CARRIED FORWARD					BALANCE CARRIED FORWARD			

Form No. 100 Patient's Account Record

SHOW A CREDIT BALANCE IN RED

BEST COPY AVAILABLE



NAME

Chart- B.56R

Send Statement To: Barnes, Sarah T.	Residence Telephone No. 770-2233	Residence Address 9018 East 14th. Street	Business Telephone No. 789-4481
City Green, Texas (71306)		Business Address 123 Business Parkway (71355)	

Date 19 81		Services Rendered	Charges	Payments and Discounts	Balance
		BALANCE BROUGHT FORWARD			
1-10	All	P, Fm X	40 00		
1-20	#1	LA-1, BA-ZOE, O-Am	20 00		
2-1	#3	LA-1, MOD-AM	30 00		
2-15	#14	GC prep, LA-2	100 00		
2-28	#4	PC-GC	NC		
3-2	#15	LA-1, BA-ZOE, MO-Am	15 00		
4-5	#19	Bpit-Am	10 00		
5-5	#31	DO-GI, LA-2	75 00		
5-15	#31	PC-GI	NC		
		BALANCE CARRIED FORWARD			

Date 19__	Services Rendered	Charges	Payments and Discounts	Balance
	BALANCE BROUGHT FORWARD			
SHOW A CREDIT BALANCE IN RED	BALANCE CARRIED FORWARD			

Form No. 102 Patient's Account Record
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Answer to Learning Activity No. 8: "Completing the Treatment Record"

Answers to Unit One Test

I. Matching

1. D
2. J
3. G
4. A
5. E
6. B
7. M
8. C
9. O
10. L
11. F
12. H
13. K
14. I
15. N

II. Completion Statements

16. A. Does the patient have any allergies?
    B. Does the patient have any chronic conditions?
    C. Does the patient take any type of maintenance dosage drug?
17. as soon as treatment is completed
18. A. when a general anesthetic will be used
    B. when a surgical procedure will be performed
    C. when photographs or slides will be taken
    D. when any portion of the patient's record will be used for lecture or demonstration purposes
19. ink
20. Draw one line through the error and write the correct entry below.
21. the dentist
22. A. business
    B. public relations
23. A. alphabetical
    B. numerical
24. A. date of transfer
    B. name and address of doctor to whom the records are being sent
    C. if treatment is being requested, a copy of the instructions to the other dentist
25. A. private
    B. confidential

Unit TWO

Dental Insurance

Teaching Objectives

After students have covered the material in this unit, including the learning activities, they should be able to—

1. identify the four parties involved in dental insurance;
2. identify the following dental insurance terms:
   - annual maximum
   - assignment of benefits
   - beneficiary
   - carrier
   - dependents
   - eligible individual
   - subscriber
   - contracting group
   - provider
   - UCR
   - incentive coinsurance
   - table of allowances
   - predetermination
   - dual coverage
   - deductible
   - Medicaid
   - procedure codes
   - prepaid dental care
3. recognize five basic types of dental programs;
4. complete an attending dentist's statement;
5. use procedure codes for dental insurance claim forms; and
6. identify the parts of the procedure codes.

Teaching Aids

- Chalkboard, chalk, eraser
- Overhead transparency projector

Materials for Students

- Student's manual, Unit 2: "Dental Insurance"
- Test for Unit 2: "Dental Insurance"
- Learning Activity No. 1: "Word Search"
- Learning Activity No. 2: "Completion Statements"
- Learning Activity No. 3: "Matching"
- Learning Activity No. 4: "Insurance Claim Form Completion"

Sentence Outline

I. Prepaid dental care plans have made a tremendous impact on the dental care delivery system today.
   A. There are four parties involved in dental insurance.
      1. The patient is the first and most important party in dental insurance.
         a. Beneficiary—person eligible to receive benefits under a dental plan
         b. Dependents—spouse (husband or wife) and children of the subscriber
         c. Eligible individual—person allowed to receive benefits under a dental plan
         d. Subscriber—designates the person, usually the employee, who represents the family unit in the dental program
      2. The group or contracting group consists of people eligible to receive benefits from a dental care plan under a contractual agreement with the insurance company.
      3. The insurance company may be referred to as the carrier, the insurer, the underwriter, or the administrative agent.

    4. The dentist may be referred to as the provider.
  B. There are five basic types of dental programs offered today.
    1. Dental service corporations are dental health insurance programs organized by individual state dental societies on a not-for-profit basis. Benefits are administered on a usual, customary, and reasonable (UCR) basis or on a table of allowance.
    2. Blue Cross and Blue Shield plans offer dental insurance as not-for-profit plans either independently or in conjunction with a dental service corporation. Benefits are administered on a UCR basis or a table of allowance (schedule of allowances or indemnification schedule).
    3. Commercial insurance companies pay benefits on a UCR or table of allowance basis.
    4. Closed panels are for patients eligible for dental services in a public or private program at specified facilities by a limited number of dentists.
    5. Government-sponsored programs include Medicaid and health maintenance organizations (HMO).
  C. The assistant must be aware of the types of coverage available to patients.
    1. UCR has been discussed previously.
    2. Prepayment types of coverage include all examples given previously.
    3. Predetermination involves the submission of a proposed treatment plan in advance of actual treatment.
      a. Prior authorization
      b. Precertification
      c. Deductible
      d. Annual maximum
    4. Dual coverage occurs when a patient is covered under more than one group dental plan.
      a. Coordination of benefits
      b. Primary carrier
      c. Secondary carrier

II. Claim forms are required for reporting and receiving reimbursement for dental services performed. There is a "Uniform Report Form" known as the Attending Dentist's Statement that is widely accepted by most dental insurance companies.
  A. Dentist's pretreatment estimate or statement of actual services:
    1. The first box is checked when the form is submitted for predetermination of benefits.
    2. The second box is checked when the form is submitted for payment of the claim.
  B. Carrier name and address: The insurance company's name and address will either be preprinted in the space or will need to be typed in.
  C. Patient information section:
    1. Patient's name
    2. Relationship to employee
    3. Sex
    4. Patient birthdate
    5. Full-time student
    6. Employee/subscriber name
    7. Employee/subscriber Social Security number
    8. Employee/subscriber mailing address
    9. Name of group dental program
    10. Employer name and address
    11. Group number
    12. Local
    13. Are other family members employed?

        14. Name and address of employer in item 13.
        15. Is patient covered by another dental plan?

    D. Release of information: The patient's permission is necessary to release information relating to treatment or conditions present.
    E. Assignment of benefits: If payment is to be made directly to the dentist, this block must be completed and signed by the subscriber, not the patient.
    F. Dentist information section:
        1. 16 and 17: Dentist name and mailing address
        2. 18: Dentist Social Security or Tax Identification Number (SSN or TIN)
        3. Dentist license number
        4. Dentist phone number
    G. Information specific to this claim:
        1. 21: First visit date current series
        2. 22: Place of treatment
        3. 23: Radiographs or models enclosed
        4. 24: Is treatment result of occupational illness or injury?
        5. 25: Is treatment result of auto accident?
        6. 26: Other accident
        7. 27: Are any services covered by another plan?
        8. 28: If prosthesis, is this initial placement?
        9. 29: Date of prior placement
        10. 30: Is treatment for orthodontics?
    H. Examination and treatment plan:
        1. 31: Tooth diagram, tooth number or letter, surfaces, description of service, date service performed, procedure number, and fee
        2. 32: Remarks for unusual services
        3. For administrative use only: Do not write in this space.
    I. Dentist's signature: The dentist must sign the completed claim form to attest that he or she has provided and completed the services listed on the form.
    J. A Superbill (trade name) may be used with pegboard record-keeping systems to simplify the procedure of completing claim forms.

III. Procedure codes: The code is a five-digit system.
    A. The first digit is zero and identifies the procedure as dental.
    B. The second digit identifies the category of dental service.
        1. Diagnostic
        2. Preventive
        3. Restorative
        4. Endodontics
        5. Periodontics
        6. Prosthodontics, removable
        7. Prosthodontics, fixed
        8. Oral surgery
        9. Orthodontics
        10. Adjunctive general services
    C. The third digit identifies the class of service in the dental category.
    D. The fourth digit identifies the subclass of a specific procedure.
    E. The fifth digit allows for expansion of the code if it becomes necessary.

Learning Activities

These activities should be completed in chronological order.

Learning Activity No. 1: "Word Search"

By completing this puzzle, the student will have demonstrated a familiarity with the terminology used in this unit.

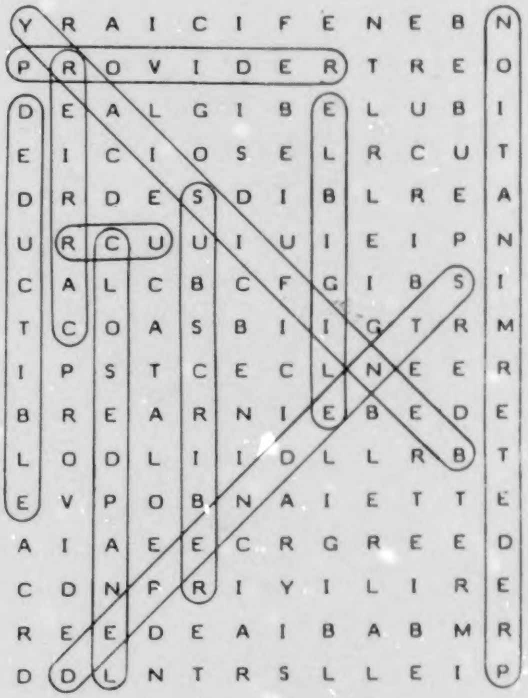
Learning Activity No. 2: "Completion Statements"
By completing the statements using the words found in the word search, the student will become more familiar with the information contained in this unit.

Learning Activity No. 3: "Matching"
By matching the terms and definitions, the student will have demonstrated an understanding of the terminology and abbreviations found in this unit.

Learning Activity No. 4: "Insurance Claim Form Completion"
By completing the forms with the information provided, the student will have demonstrated the ability to transfer information to the correct portions of an insurance claim form.

Answers to Learning Activities

Answer to Learning Activity No. 1: "Word Puzzle"



Y	R	A	I	C	I	F	E	N	E	B	N
P	R	O	V	I	D	E	R	T	R	E	O
D	E	A	L	G	I	B	E	L	U	B	I
E	I	C	I	O	S	E	L	R	C	U	T
D	R	D	E	S	D	I	B	L	R	E	A
U	R	C	U	U	I	U	I	E	I	P	N
C	A	L	C	B	C	F	G	I	B	S	I
T	C	O	A	S	B	I	I	G	T	R	M
I	P	S	T	C	E	C	L	N	E	E	R
B	R	E	A	R	N	I	E	B	E	D	E
L	O	D	L	I	I	D	L	L	R	B	T
E	V	P	O	B	N	A	I	E	T	T	E
A	I	A	E	E	C	R	G	R	E	E	D
C	D	N	F	R	I	Y	I	L	I	R	E
R	E	E	D	E	A	I	B	A	B	M	R
D	D	L	N	T	R	S	L	L	E	I	P

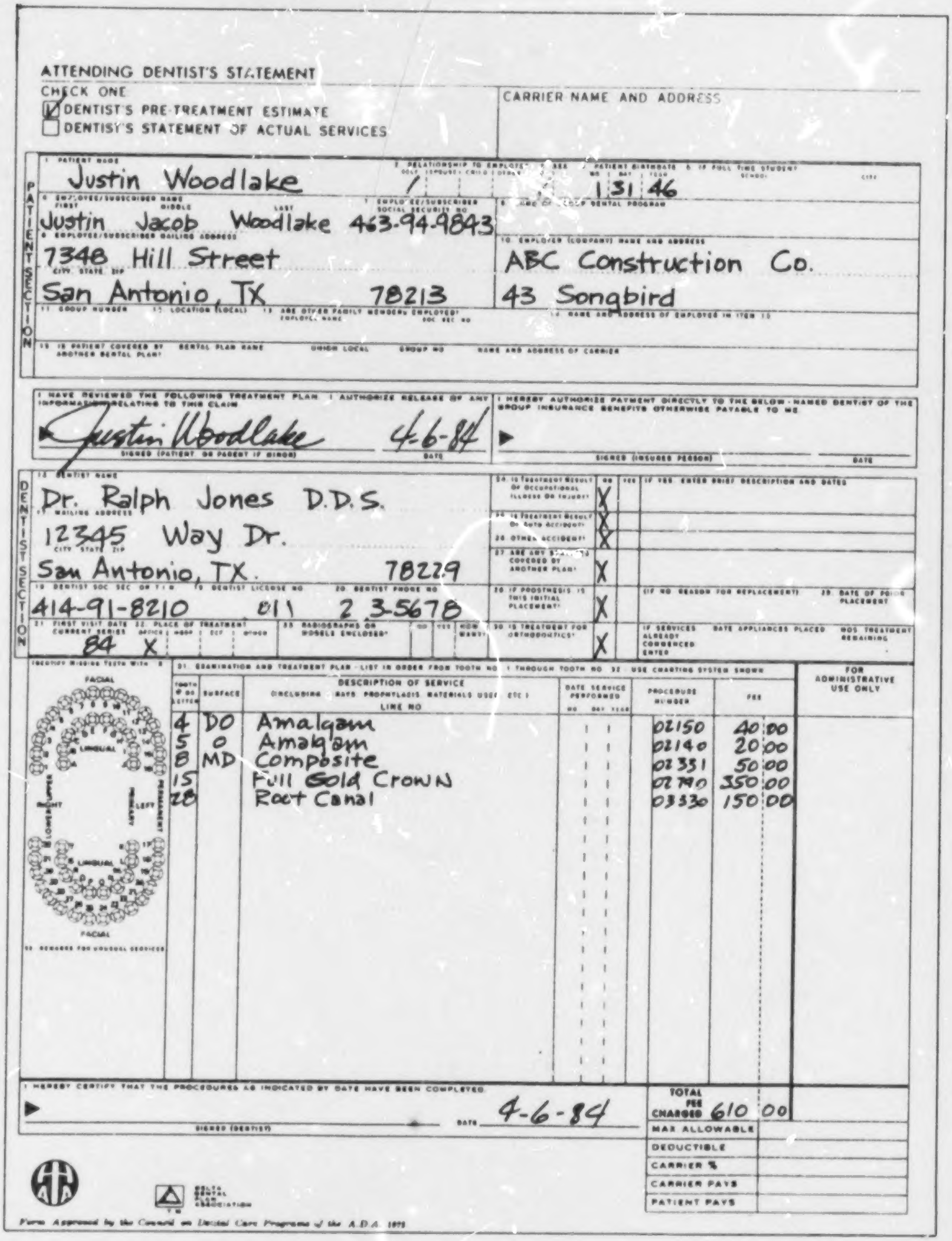
Answer to Learning Activity No. 2: "Completion Statements"

1.	subscriber	6.	beneficiary
2.	UCR	7.	deductible
3.	provider	8.	eligible
4.	closed panels	9.	dependents
5.	predetermination	10.	carrier

Answer to Learning Activity No. 3: "Matching"

1. M
2. G
3. E
4. N
5. H
6. I
7. B
8. D
9. J
10. K
11. O
12. F
13. A
14. C
15. L

Answer to Learning Activity No. 4: "Insurance Claim Form Completion"



ATTENDING DENTIST'S STATEMENT

CHECK ONE

☑ DENTIST'S PRE-TREATMENT ESTIMATE

☐ DENTIST'S STATEMENT OF ACTUAL SERVICES

CARRIER NAME AND ADDRESS

PATIENT SECTION

1. PATIENT NAME: Justin Woodlake
2. RELATIONSHIP TO EMPLOYEE: SELF / SPOUSE / CHILD / OTHER: /
3. SEX: /
4. PATIENT BIRTHDATE MO DAY YEAR: 1 31 46
5. IF FULL TIME STUDENT SCHOOL CITY

6. EMPLOYEE/SUBSCRIBER NAME FIRST MIDDLE LAST: Justin Jacob Woodlake
7. EMPLOYEE/SUBSCRIBER SOCIAL SECURITY NO: 463-94-9843
8. NAME OF GROUP DENTAL PROGRAM
9. EMPLOYEE/SUBSCRIBER MAILING ADDRESS: 7348 Hill Street
CITY, STATE, ZIP: San Antonio, TX 78213
10. EMPLOYER (COMPANY) NAME AND ADDRESS: ABC Construction Co. 43 Songbird
11. GROUP NUMBER
12. LOCATION (LOCAL)
13. ARE OTHER FAMILY MEMBERS EMPLOYED? EMPLOYEE NAME SOC SEC NO
14. NAME AND ADDRESS OF EMPLOYER IN ITEM 13
15. IS PATIENT COVERED BY ANOTHER DENTAL PLAN? DENTAL PLAN NAME UNION LOCAL GROUP NO NAME AND ADDRESS OF CARRIER

I HAVE REVIEWED THE FOLLOWING TREATMENT PLAN. I AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO THIS CLAIM

▶ Justin Woodlake 4-6-84

SIGNED (PATIENT, OR PARENT IF MINOR) DATE

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE BELOW-NAMED DENTIST OF THE GROUP INSURANCE BENEFITS OTHERWISE PAYABLE TO ME

▶

SIGNED (INSURED PERSON) DATE

DENTIST SECTION

16. DENTIST NAME: Dr. Ralph Jones D.D.S.
17. MAILING ADDRESS: 12345 Way Dr.
CITY STATE ZIP: San Antonio, TX. 78229
18. DENTIST SOC SEC OR T.I.N.: 414-91-8210
19. DENTIST LICENSE NO: 011
20. DENTIST PHONE NO: 2 3-5678
21. FIRST VISIT DATE CURRENT SERIES: 84
22. PLACE OF TREATMENT: OFFICE X / HOSP / ECF / OTHER
23. RADIOGRAPHS OR MODELS ENCLOSED? NO / YES / HOW MANY?

	NO	YES	
24. IS TREATMENT RESULT OF OCCUPATIONAL ILLNESS OR INJURY?	X		IF YES, ENTER BRIEF DESCRIPTION AND DATES
25. IS TREATMENT RESULT OF AUTO ACCIDENT?	X		
26. OTHER ACCIDENT?	X		
27. ARE ANY SERVICES COVERED BY ANOTHER PLAN?	X		
28. IF PROSTHESIS, IS THIS INITIAL PLACEMENT?	X		(IF NO, REASON FOR REPLACEMENT) 29. DATE OF PRIOR PLACEMENT
30. IS TREATMENT FOR ORTHODONTICS?	X		IF SERVICES ALREADY COMMENCED ENTER: DATE APPLIANCES PLACED MOS. TREATMENT REMAINING

IDENTIFY MISSING TEETH WITH X

FACIAL LINGUAL RIGHT LEFT UPPER LOWER PERMANENT

32. REMARKS FOR UNUSUAL SERVICES

31. EXAMINATION AND TREATMENT PLAN - LIST IN ORDER FROM TOOTH NO. 1 THROUGH TOOTH NO. 32 - USE CHARTING SYSTEM SHOWN

TOOTH # OR LETTER	SURFACE	DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.) LINE NO	DATE SERVICE PERFORMED MO DAY YEAR	PROCEDURE NUMBER	FEE	FOR ADMINISTRATIVE USE ONLY
4	DO	Amalgam		02150	40.00	
5	O	Amalgam		02140	20.00	
8	MD	Composite		02331	50.00	
15		Full Gold Crown		02790	350.00	
28		Root Canal		03330	150.00	

I HEREBY CERTIFY THAT THE PROCEDURES AS INDICATED BY DATE HAVE BEEN COMPLETED.

▶

SIGNED (DENTIST) DATE 4-6-84

TOTAL FEE CHARGED	610.00
MAX ALLOWABLE	
DEDUCTIBLE	
CARRIER %	
CARRIER PAYS	
PATIENT PAYS	

DELTA DENTAL PLAN ASSOCIATION

Form Approved by the Council on Dental Care Programs of the A.D.A. 1975

BEST COPY AVAILABLE

BEST COPY AVAILABLE

ATTENDING DENTIST'S STATEMENT

CHECK ONE

☐ DENTIST'S PRE-TREATMENT ESTIMATE

☑ DENTIST'S STATEMENT OF ACTUAL SERVICES

CARRIER NAME AND ADDRESS

PATIENT SECTION

1. PATIENT NAME: Justin Woodlake

2. RELATIONSHIP TO EMPLOYEE: SELF / SPOUSE / CHILD / OTHER: /

3. SEX: M / F: /

4. PATIENT BIRTHDATE: MO / DAY / YEAR: 1 31 46

5. IF FULL TIME STUDENT: SCHOOL / CITY

6. EMPLOYEE/SUBSCRIBER NAME: FIRST / MIDDLE / LAST: Justin Jacob Woodlake

7. EMPLOYEE/SUBSCRIBER SOCIAL SECURITY NO: 463949843

8. EMPLOYEE/SUBSCRIBER MAILING ADDRESS: 7348 Hill Street

CITY, STATE, ZIP: San Antonio, TX 78213

9. NAME OF GROUP DENTAL PROGRAM

10. EMPLOYER (COMPANY) NAME AND ADDRESS: ABC Construction Co.
43 Songbird

11. GROUP NUMBER

12. LOCATION (LOCAL)

13. ARE OTHER FAMILY MEMBERS EMPLOYED? EMPLOYEE NAME / SOC SEC NO

14. NAME AND ADDRESS OF EMPLOYER IN ITEM 13

15. IS PATIENT COVERED BY ANOTHER DENTAL PLAN? No
DENTAL PLAN NAME / UNION LOCAL / GROUP NO / NAME AND ADDRESS OF CARRIER

I HAVE REVIEWED THE FOLLOWING TREATMENT PLAN. I AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO THIS CLAIM

▶

SIGNED (PATIENT, OR PARENT IF MINOR) DATE

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE BELOW-NAMED DENTIST OF THE GROUP INSURANCE BENEFITS OTHERWISE PAYABLE TO ME

▶ Justin Woodlake 5-21-84

SIGNED (INSURED PERSON) DATE

DENTIST SECTION

16. DENTIST NAME: Dr. Ralph Jones D.D.S.

17. MAILING ADDRESS: 12345 Way Dr.

CITY, STATE, ZIP: San Antonio, TX 78229

18. DENTIST SOC. SEC. OR T.I.N.: 414-91-8210

19. DENTIST LICENSE NO: 01

20. DENTIST PHONE NO: 2 3-5678

21. FIRST VISIT DATE CURRENT SERIES: 84

22. PLACE OF TREATMENT: OFFICE X / HOSP / ECF / OTHER

23. RADIOGRAPHS OR MODELS ENCLOSED? NO X / YES / HOW MANY?

24. IS TREATMENT RESULT OF OCCUPATIONAL ILLNESS OR INJURY? NO X / YES

IF YES, ENTER BRIEF DESCRIPTION AND DATES

25. IS TREATMENT RESULT OF AUTO ACCIDENT? NO X / YES

26. OTHER ACCIDENT? NO X / YES

27. ARE ANY SERVICES COVERED BY ANOTHER PLAN? NO X / YES

28. IF PROSTHESIS, IS THIS INITIAL PLACEMENT? NO X / YES

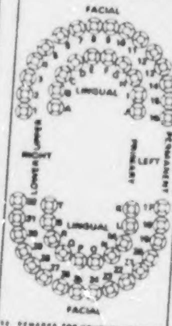
(IF NO, REASON FOR REPLACEMENT)

29. DATE OF PRIOR PLACEMENT

30. IS TREATMENT FOR ORTHODONTICS? NO X / YES

IF SERVICES ALREADY COMMENCED ENTER: DATE APPLIANCES PLACED / MOS. TREATMENT REMAINING

IDENTIFY MISSING TEETH WITH X



32. REMARKS FOR UNUSUAL SERVICES

31. EXAMINATION AND TREATMENT PLAN - LIST IN ORDER FROM TOOTH NO. 1 THROUGH TOOTH NO. 32 - USE CHARTING SYSTEM SHOWN

TOOTH # OR LETTER	SURFACE	DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.)	DATE SERVICE PERFORMED MO DAY YEAR	PROCEDURE NUMBER	FEE	FOR ADMINISTRATIVE USE ONLY
4	DO	Amalgam		02150	40.00	
5	O	Amalgam		02140	20.00	
8	MD	Composite		02331	50.00	
15		Full Gold Crown		02790	350.00	
28		Root Canal		03330	150.00	

I HEREBY CERTIFY THAT THE PROCEDURES AS INDICATED BY DATE HAVE BEEN COMPLETED

▶ Dr Ralph Jones D.D.S.

SIGNED (DENTIST) DATE 5-21-84

TOTAL FEE CHARGED	610.00
MAX. ALLOWABLE	
DEDUCTIBLE	
CARRIER %	
CARRIER PAYS	
PATIENT PAYS	

DELTA DENTAL PLAN ASSOCIATION

Form Approved by the Council on Dental Care Programs of the A.D.A. 1975

Answers to Unit Two Test

I. Matching

1. F
2. H
3. G
4. C
5. A
6. I
7. P
8. L
9. O
10. K
11. J
12. M
13. N
14. E
15. D
16. S
17. Q
18. R
19. T
20. B

II. Completion Statements

21. A. diagnostic
    B. preventive
    C. restorative
    D. endodontics
    E. periodontics
    F. prosthodontics, removable
    G. prosthodontics, fixed
    H. oral surgery
    I. orthodontics
    J. adjunctive general services
22. A. dental service corporations
    B. Blue Cross and Blue Shield
    C. commercial insurance companies
    D. closed panel
    E. government-sponsored programs
23. A. the patient
    B. the group
    C. the insurance company
    D. the dentist
24. A. primary
    B. secondary
25. A. beneficiary
    B. dependents
    C. eligible individual
    D. subscriber

Unit THREE

Recall Systems

Teaching Objectives

After students have covered the material in this unit, including the learning activities, they should be able to—

1. define a dental recall system;
2. state two advantages to the dental patient of being placed on a recall schedule;
3. describe what is accomplished at a recall visit;
4. describe three methods of recall;
5. determine the month for a patient's recall visit based on the dentist's assessment of patient need;
6. describe the single-card file method of establishing a recall system; and
7. describe the double-card file method of establishing a recall system.

Teaching Aids

- Chalkboard, chalk, eraser
- Overhead transparency projector

Materials for Students

- Student's manual, Unit 3, "Recall Systems"
- Test for Unit 3, "Recall Systems"
- Learning Activity No. 1: "Word Search"
- Learning Activity No. 2: "Completion Statements"
- Learning Activity No. 3: "Completion of Recall Cards"

Sentence Outline

I. Recall Systems
    A. Definition of a dental recall
    B. Advantages to the dental patient
    C. Three general methods for recalling patients
        1. Advance appointment system
        2. Telephone system
        3. Mail system
II. Advance Appointment System
    A. Description of the system
    B. Problems with the system
III. Telephone System
    A. Description of the system
    B. Problems with the system
IV. Mail System
    A. Description of the system
    B. Single-file method
    C. Double-file method
        1. File 1 information (alphabetical order)
            a. Patient name
            b. Patient address
            c. Patient telephone number(s)
            d. Month of recall

        2. File 2 information (chronological order)
    D. Recall notices
V. Determining the Recall Visit

Learning Activities
These activities should be completed in chronological order.

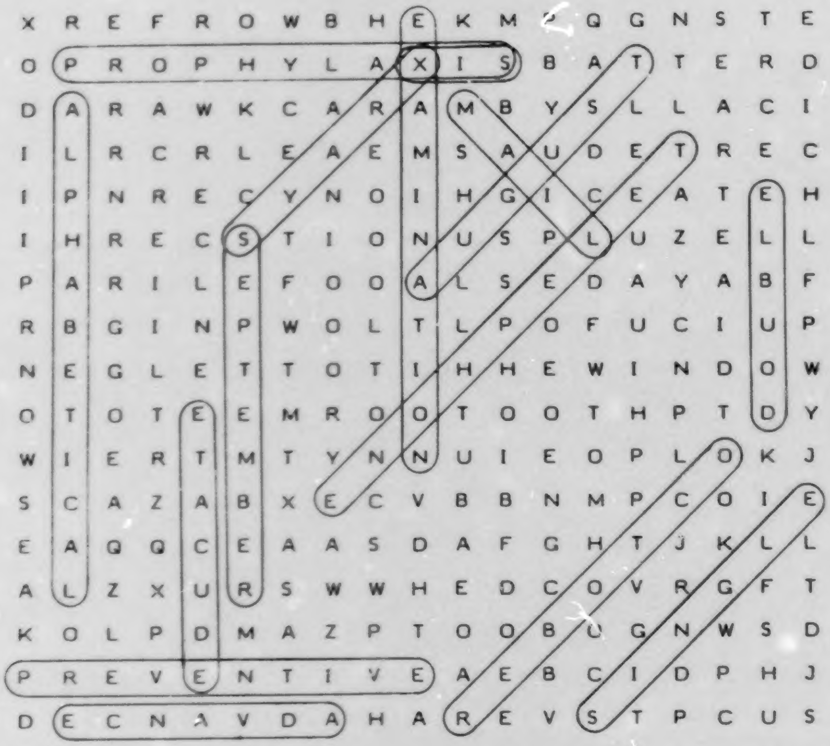
Learning Activity No. 1: "Word Search"
By completing this puzzle, the student will have demonstrated a familiarity with the terminology used in this unit.

Learning Activity No. 2: "Completion Statements"
By completing the statements, the student will become more familiar with the information.

Learning Activity No. 3: "Completion of Recall Cards"
By completing the recall cards, the student will have demonstrated a working knowledge of determining the recall period and filling out the necessary forms for mailing to the patient.

Answers to Learning Activities

Answers to Learning Activity No. 1: "Word Search"



X	R	E	F	R	O	W	B	H	E	K	M	P	Q	G	N	S	T	E
O	P	R	O	P	H	Y	L	A	X	I	S	B	A	T	T	E	R	D
D	A	R	A	W	K	C	A	R	A	M	B	Y	S	L	L	A	C	I
I	L	R	C	R	L	E	A	E	M	S	A	U	D	E	T	R	E	C
I	P	N	R	E	C	Y	N	O	I	H	G	I	C	E	A	T	E	H
I	H	R	E	C	S	T	I	O	N	U	S	P	L	U	Z	E	L	L
P	A	R	I	L	E	F	O	O	A	L	S	E	D	A	Y	A	B	F
R	B	G	I	N	P	W	O	L	T	L	P	O	F	U	C	I	U	P
N	E	G	L	E	T	T	O	T	I	H	H	E	W	I	N	D	O	W
O	T	O	T	E	E	M	R	O	O	T	O	O	T	H	P	T	D	Y
W	I	E	R	T	M	T	Y	N	N	U	I	E	O	P	L	O	K	J
S	C	A	Z	A	B	X	E	C	V	B	B	N	M	P	C	O	I	E
E	A	Q	Q	C	E	A	A	S	D	A	F	G	H	T	J	K	L	L
A	L	Z	X	U	R	S	W	W	H	E	D	C	O	V	R	G	F	T
K	O	L	P	D	M	A	Z	P	T	O	O	B	U	G	N	W	S	D
P	R	E	V	E	N	T	I	V	E	A	E	B	C	I	D	P	H	J
D	E	C	N	A	V	D	A	H	A	R	E	V	S	T	P	C	U	S

Answers to Learning Activity No. 2: "Completion Statements"

1. A. examination
   B. prophylaxis
   C. X-ray
2. A. advance
   B. telephone
   C. mail
3. six
4. A. single
   B. double
5. preventive
6. education
7. alphabetical
8. August
9. October
10. September

Answer to Learning Activity No. 3: "Completion of Recall Cards"

Completed to the satisfaction of the instructor.

Answers to Unit Three Test

I. Completion Statements
  1. six months
  2. A. early detection and treatment of dental problems
     B. continual dental monitoring to prevent deterioration of existing dental work and home care
  3. A. advance appointment system
     B. telephone system
     C. mail system
  4. A. patient name
     B. address
     C. telephone number(s)
     D. month of recall
  5. 15th

II. Determination of Recall Month
  6. Jerry Adams - July
  7. Louis Jordan - February
  8. Lynn Thompson - November
  9. Richard Lewis - June
  10. Amy Cochran - February

III. Matching
  11. B
  12. A
  13. E
  14. C
  15. F
  16. D

IV. Multiple Choice
  17. C and E
  18. B
  19. A
  20. B and C

Unit FOUR

Inventory Control

Teaching Objectives

After students have covered the material in this unit, including the learning activities, they should be able to—

1. identify three basic divisions of dental supplies, and give examples of each;
2. define an inventory system;
3. arrange in order the steps in keeping track of supplies that are ordered;
4. identify factors that aid in determining reorder points and maximum and minimum amounts of supplies to be ordered;
5. establish reorder points;
6. arrange in order the steps for receiving supplies; and
7. explain the storage and tagging of new supplies.

Teaching Aids

- Chalkboard, chalk, eraser
- Overhead transparency projector

Materials for Students

- Student's manual, Unit 4, "Inventory Control"
- Test for Unit 4, "Inventory Control"
- Learning Activity No. 1: "Word Search"
- Learning Activity No. 2: "Completion Statements"
- Learning Activity No. 3: "Multiple Choice Questions"
- Learning Activity No. 4: "Inventory Form Completion"

Sentence Outline

I. Types of Dental Supplies
    A. Expendable dental supplies are items that are consumed upon each use.
        1. Amalgam
        2. Disposable needles
        3. Cotton rolls
        4. Envelopes
    B. Nonexpendable supplies are reusable items that are not highly expensive.
        1. Dental instruments
        2. Impression trays
        3. Dental burs
    C. Capital supplies are large expensive items that last for long periods of time.
        1. Typewriters
        2. X-ray machines
        3. Dental chair
II. Dental Supply Sources
    A. Local dental supply house for personal ordering
        1. Convenient
        2. Not the most economical
    B. Dental wholesale companies for catalog ordering
        1. Economical
        2. Forfeit fast service

C. Pharmacy ordering
1. Alcohol
2. Saline solutions
3. Analgesics
4. Smelling salts
D. Business supplies
1. Medical/dental office form suppliers
2. Mail-order office suppliers
3. Local office supply companies
III. Inventory System
A. A listing of the stock and assets within the dental office
B. Setting up an inventory system with capital equipment
C. Setting up an inventory system with nonexpendable supplies
D. Setting up an inventory system with expendable supplies
1. Alphabetical file of all expendable supplies
2. "Items to be ordered"
3. "Items on order"
4. "Items on back order"
5. Color code system
E. Master list of all supplies
1. Name of product
2. Name of supplier
3. Minimum, maximum, and reorder points
F. Determining a reorder point
1. Identifying a reorder point—use a red signal
2. Factors that aid in determining minimum, maximum, and reorder points
a. Rate of use
b. Shelf life
c. Cost
d. Delivery time
e. Storage space
f. Special rates
IV. Receiving Supplies in the Dental Office
A. Invoice is a list of the package contents, the price of each item, and the total charge for the items.
B. Packing slip indicates what is contained in the package.
C. The invoice is sometimes used as a statement.
D. Items to be checked
1. Check that each item listed matches with the original order.
2. Check that each item listed is in the package.
3. Check that the total charges are correct.
4. Check for back-ordered items.
5. Check for credit memos.
E. Payment of invoices
1. Invoices are placed in a "to be paid" file box
2. At the end of the month, statements are received.
a. Check to make sure the invoices and statement match.
b. Check for credits.
c. Check for back-ordered items.
V. Storage of New Supplies
A. New supplies are stored behind old supplies in the storage closet.
B. Unmarked boxes are labeled on the outside listing the contents.
C. Red markers are placed indicating the reorder points.
VI. Inventory Evaluation Questions

Learning Activities

These activities should be completed in chronological order.

Learning Activity No. 1: "Word Search"

By completing this puzzle, the student will have demonstrated a familiarity with the terminology used in this unit.

Learning Activity No. 2: "Completion Statements"

By completing the statements, the student will become more familiar with the information.

Learning Activity No. 3: "Multiple Choice Questions"

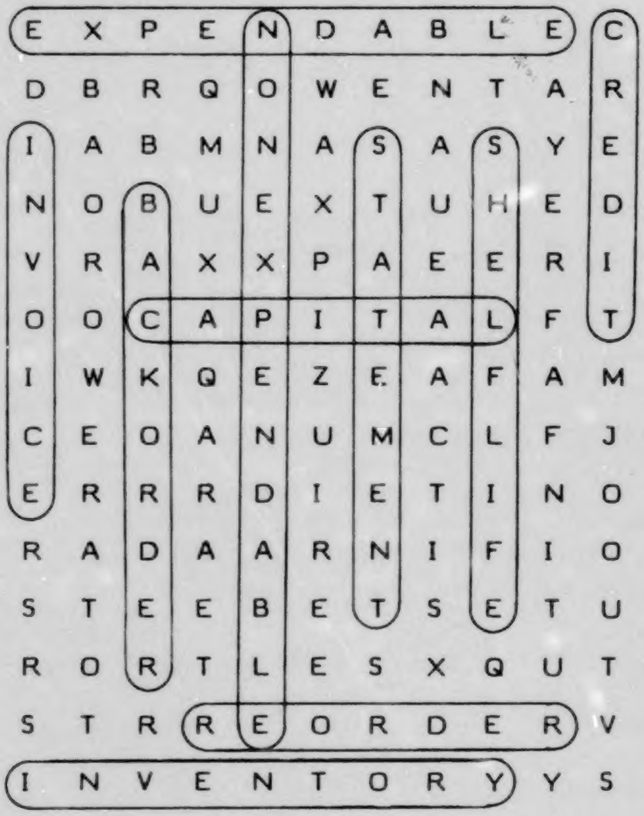
By answering the questions, the student will become familiar with the information contained in this unit.

Learning Activity No. 4: "Inventory Form Completion"

By completing the inventory forms using information from the previous learning activity, the student will demonstrate a working knowledge of inventory record preparation and transfer of information.

Answers to Learning Activities

Answer to Learning Activity No. 1: "Word Puzzle"



E	X	P	E	N	D	A	B	L	E	C
D	B	R	Q	O	W	E	N	T	A	R
I	A	B	M	N	A	S	A	S	Y	E
N	O	B	U	E	X	T	U	H	E	D
V	R	A	X	X	P	A	E	E	R	I
O	O	C	A	P	I	T	A	L	F	T
I	W	K	Q	E	Z	E	A	F	A	M
C	E	O	A	N	U	M	C	L	F	J
E	R	R	R	D	I	E	T	I	N	O
R	A	D	A	A	R	N	I	F	I	O
S	T	E	E	B	E	T	S	E	T	U
R	O	R	T	L	E	S	X	Q	U	T
S	T	R	R	E	O	R	D	E	R	V
I	N	V	E	N	T	O	R	Y	Y	S

Answer to Learning Activity No. 2: "Completion Statements"

1. expendable
2. capital
3. reorder
4. inventory
5. nonexpendable
6. credit
7. invoice
8. statement
9. shelf life
10. back-order

Answer to Learning Activity No. 3: "Multiple Choice Questions"

1. C
2. B and C
3. C
4. C
5. C

Answer to Learning Activity No. 4: "Inventory Form Completion"

Completed to the satisfaction of the instructor.

Answers to Unit Four Test

I. Matching

1. C
2. D
3. E
4. J
5. G
6. H
7. F
8. I
9. B
10. K

II. Multiple Choice

11. B, C, and E
12. B
13. A
14. B and D
15. D
16. B and C
17. C
18. D
19. A
20. C

III. Determining Reorder Points

21. B
22. B
23. D
24. B
25. A

Unit FIVE

Financial Records

Teaching Objectives

After students have covered the material in this unit, including the learning activities, they should be able to—

1. identify three types of bookkeeping systems that effectively improve the financial management of the dental office;
2. identify the seven separate records that are used in recording a transaction in the daily log system;
3. identify the materials needed and the steps involved in using the pegboard system;
4. perform proof of posting and record services and payments on the pegboard system;
5. record services and payments on the daily log system;
6. identify terms used in computerized billing;
7. identify six methods of payment that may be used in a dental office;
8. list the steps in preparing monthly statements;
9. identify three collection procedures used in a dental office;
10. demonstrate ageing of accounts; and
11. record special entries and adjustments in a record-keeping system.

Teaching Aids

- Chalkboard, chalk, eraser
- Overhead transparency projector
- Overhead transparencies
- Overhead transparency pens

Materials for Students

- Student's manual, Unit 5, "Financial Records"
- Test for Unit 5, "Financial Records"
- Learning Activity No. 1: "Word Search"
- Learning Activity No. 2: "Daily Log Completion"
- Learning Activity No. 3: "Matching"
- Learning Activity No. 4: "Multiple Choice"
- Learning Activity No. 5: "Letter Writing"
- Learning Activity No. 6: "Pegboard Record Keeping"

Sentence Outline

I. The need for better financial record keeping in dental practices involves many factors.
   A. High overhead costs
   B. More patient care
   C. Demands on patient income
   D. Increased insurance claims
   E. Unsatisfactory cash flow
   F. Collection problems
II. Activities involved in a daily dental practice include several procedures.
   A. Recording services and fees
      1. on patients' bills
      2. on daysheets
      3. on patient financial records

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   B. Maintaining individual patient financial records
   C. Maintaining single financial record for the entire practice
   D. Recording payments received
      1. on daysheet
      2. on patient financial record
   E. Issuing receipts for money collected
   F. Depositing money collected
   G. Processing insurance claims
III. Documentation required for the activities involved in a daily dental practice are far from simple.
   A. Bills for services and fees
   B. Patient financial records
   C. Daysheet
   D. Statements
   E. Receipts
   F. Deposit slips
   G. Insurance forms
IV. There are three types of bookkeeping systems that can be used in a dental office.
   A. The **daily log system** is an approach to dental office record keeping that requires recording an office visit on seven separate records.
      1. Charge slip
      2. Patient ledger card
      3. Daily journal page
      4. Receipt
      5. Insurance form
      6. Deposit slip
      7. Statement
   B. The **pegboard system** features several forms for different record-keeping functions that are held in exact alignment on a special writing board so that a single writing on the top form produces the same entries on the forms beneath.
      1. This is accomplished by the use of NCR paper.
      2. The advantages of the pegboard system:
         a. The pegboard itself, which is a lightweight board of aluminum or plastic that has a row of pegs projecting out along the left and right side
         b. The daily journal page (daysheet)
         c. Receipts and charge slips are together on one form which consists of two parts.
         d. Ledger cards for each patient account
         e. The deposit slip
         f. The insurance claim form can be combined with the receipt in the form of a Superbill.
         g. Statements are designed for placement on the pegboard system so that, when entries are made, they are also recorded on a statement that will be mailed to the patient.
      4. Steps in using the pegboard system:
         a. New daily journal page is placed on the pegboard.
         b. When patient arrives, the charge slip section is filled out.
         c. The charge slip is torn off at the perforation and attached to the patient's chart, which accompanies the patient to the treatment area.
         d. Charge slip is returned to the business office upon completion of the day's treatment, and charges are recorded on the receipt, the statement, the daily journal page, and the ledger card—all in one writing.
         e. The receipt is removed and given to the patient.

5. Payments on accounts
   a. Cash—receipt must be issued.
   b. Check—no receipt is required.
6. Proof of posting is required at the end of each day.
   a. All columns are totaled and recorded.
   b. Add the previous balance column to the total fee column, then subtract the payment column and the adjustment column. The resulting figure should correspond with the total of the current balance column.

C. **Computerized billing** is a fairly new addition to the systems available for record keeping in a dental office setting.
   1. For transition to this system, the basic information needed includes:
      a. complete name and address of the responsible person for each account
      b. complete names of all family members on each account
      c. complete record of current account and the account status
      d. the telephone number of the responsible person (both home and office)
   2. Account numbers will be issued using codes:
      a. numeric codes
      b. alphanumeric codes
      c. optical character recognition (OCR) letters
   3. Mode of transmission of data
      a. Input is directly transmitted via touchtone telephone.
         (1) hard copy
         (2) visual display
         (3) audio feedback
         (4) card dialing
      b. Hard copy is another method of transmission of data to the service bureau.
   4. Computerized billing services are available through banks, local independent service bureaus, or national services.

D. Monthly statements, commonly referred to as "bills," are prepared by the assistant and mailed at the end of the month to request payment for services performed in the dental office.
   1. Itemized statements list each visit and payment made each month on a patient's statement.
   2. Nonitemized statements list only the total amount due.

E. Methods of payment in the dental office:
   1. Cash
   2. Payment of statement in full
   3. Extended payment
   4. Dental loan plan
   5. Insurance
   6. Credit card

F. Collection procedures are needed when patients become delinquent in the payment of their dental bills.
   1. Telephone method is used to contact patients in regard to payment on their account.
   2. Letters may be sent to restate the telephone conversation and also to seek payment.
   3. Collection agencies may be needed to obtain payment from patients.

G. Ageing of accounts is needed to determine the extent of delinquent patient accounts.
   1. Current
   2. 30-day
   3. 60-day

4. 90-day
5. 120-day

H. Using adjustments and making special entries for recording the different types of payment plans:
   1. Collection agency payment
   2. Returned checks
   3. Discounts
   4. Insurance payments

Learning Activities

These activities should be completed in chronological order.

Learning Activity No. 1: "Word Search"

By completing this puzzle, the student will have demonstrated a familiarity with the terminology used in this unit.

Learning Activity No. 2: "Daily Log Completion"

By completing the entries on the daily log system of record keeping, the student will have demonstrated a working knowledge of this type of dental office record keeping.

Learning Activity No. 3: "Matching"

By completing this exercise, the student will have demonstrated a knowledge of the forms used in dental office record keeping.

Learning Activity No. 4: "Multiple Choice"

By completing this exercise, the student will become familiar with the information presented in this unit.

Learning Activity No. 5: "Letter Writing"

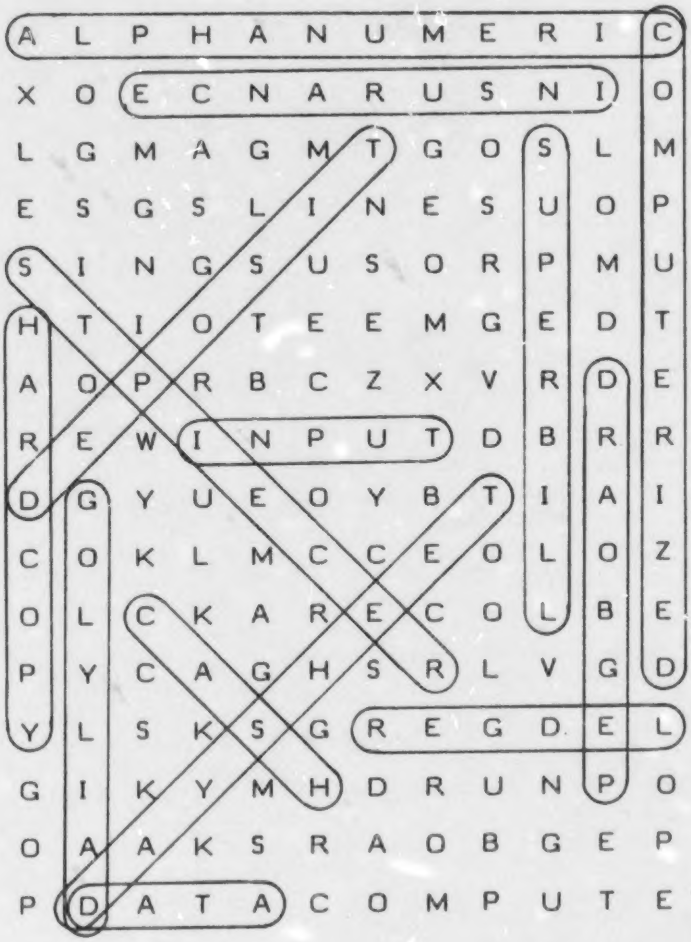
By completing this exercise, the student will have demonstrated knowledge in writing collection letters.

Learning Activity No. 6: "Pegboard Record Keeping"

By completing this exercise, the student will become familiar with the pegboard system of dental office record keeping.

Answers to Learning Activities

Answer to Learning Activity No. 1: "Word Search"



A	L	P	H	A	N	U	M	E	R	I	C
X	O	E	C	N	A	R	U	S	N	I	O
L	G	M	A	G	M	T	G	O	S	L	M
E	S	G	S	L	I	N	E	S	U	O	P
S	I	N	G	S	U	S	O	R	P	M	U
H	T	I	O	T	E	E	M	G	E	D	T
A	O	P	R	B	C	Z	X	V	R	D	E
R	E	W	I	N	P	U	T	D	B	R	R
D	G	Y	U	E	O	Y	B	T	I	A	I
C	O	K	L	M	C	C	E	O	L	O	Z
O	L	C	K	A	R	E	C	O	L	B	E
P	Y	C	A	G	H	S	R	L	V	G	D
Y	L	S	K	S	G	R	E	G	D	E	L
G	I	K	Y	M	H	D	R	U	N	P	O
O	A	A	K	S	R	A	O	B	G	E	P
P	D	A	T	A	C	O	M	P	U	T	E

Answer to Learning Activity No. 2: "Daily Log Completion"

		NAME	SERVICE RENDERED	√	CHARGE		PAID	
8	00							
	15							
	30	David Henry	3 Extractions		50	-	35	Ca
	45							
9	00							
	15							
	30	Lillian Reid	Denture Reline		62	-		
	45							
10	00	Dr. Lynn McCord	Exam, X-rays, Prophy		50	-	15	Ca
	15							
	30	Mr. David Wyman	3 Amalgam Restorations		60		30	Ck
	45							
11	00	Tina Smith	Pulpotomy		35	-	500	Ck
	15							
	30							
	45							
12	00							
	15							
	30							
	45							
1	00							
	15							
	30	George Johnson	Crown Prep.		150	-	110	Ca
	45							
2	00							
	15							
	30	Peter Winn	F/F dentures		1000	-	10	Ca
	45							
3	00							
	15							
	30							
	45							
4	00	Mick Boggs	Five unit bridge		825		800	Ck
	15							
	30							
	45							
5	00							
	15							
	30							
	45							
6	00	Mrs. Sylvia Ruiz	ROA				85	Ck
	15	Mr. Alan Tomasini	ROA				42	Ck
	30	Mrs. Myrtle Land	ROA				5	Ck
	45	Mr. Dean Buerkle	ROA				500	Ck
7	00							
	15							
	30							
	45							
8	00							
	15							
	45		TOTALS		2232	-	2132	

Answer to Learning Activity No. 3: "Matching"

1. I
2. T
3. U
4. K
5. W
6. L
7. A
8. H
9. J
10. D
11. V
12. Y
13. S
14. AA
15. CC
16. M
17. C
18. N
19. B
20. G
21. O
22. P
23. R
24. DD
25. Z
26. Q
27. BB
28. X
29. E
30. F

Answer to Learning Activity No. 4: "Multiple Choice"

1. C
2. A
3. B
4. B
5. A
6. A
7. A
8. C
9. A
10. B

Answer to Learning Activity No. 5: "Letter Writing"

Completed to the satisfaction of the instructor.

Answer to Learning Activity No. 6: "Pegboard Record Keeping"

DAY SHEET (Daily Business Summary)

SHEET NO. OF DATE:

DATE		DESCRIPTION	CHARGE	CREDITS		CURRENT BALANCE	PREVIOUS BALANCE	NAME
				Payments	Adj			
11/3/88	David	3 Extractions	50 -	35 -		65 -	50 -	Mr. Tom Henry
11/3/88	Mrs.	Denture Reline	62 -			72 -	10 -	Mrs. Lillian Reid
11/3/88	Dr.	Exam X-ray Prophy 10%	50 -	15 -	5 -	30 -	-0-	Dr. Lynn McCord
11/3/88	Mr.	3 Amalgam Pat. 50%	60 -	30 -	30 -	10 -	10 -	Mr. David Wymann
11/3/88	Tina	Pulpotomy	35 -	500 -		110 -	575 -	Mr. Joe Smith
11/3/88	Mr.	Crown Prep	150 -	110 -		80 -	40 -	Mr. George Johnson
11/3/88		R.O.A.		85 -		90 -	175 -	Mrs. Sylvia Ruiz
11/3/88		R.O.A.		42 -		-0-	42 -	Mr. Alan Tomasini
11/3/88		R.O.A.		5 -		118 -	123 -	Mrs. Myrtle Land
11/3/88		R.O.A.		500 -		480 -	980 -	Mr. Dean Buerkle
11/3/88	Mr.	F/F denture	1000 -	10 -		990 -	-0-	Mr. Peter Winn
11/3/88	Mr.	5-unit bridge	825 -	800 -		240 -	15 -	Mr. Mick Boggs

	Col. A	Col. B-1	Col. B-2	Col. C	Col. D
TOTALS THIS PAGE	2232 -	2132 -	35 -	2085 -	2020 -
PREVIOUS PAGE	2245 -	2321 -	62 -		
MONTH-TO-DATE	4477 -	4453 -	97 -		

PROOF OF POSTING	
COL. D TOTAL	$ 2020
PLUS COL. A TOTAL	$ 2232
SUB TOTAL	$ 4252
LESS COLS. B-1 & B-2	$ 2167
MUST EQUAL COL. C	$ 2085

ACCOUNTS RECEIVABLE CONTROL	
PREVIOUS DAY'S TOTAL	$
PLUS COL. A	$
SUB TOTAL	$
LESS COLS. B-1 & B-2	$
TOTAL ACCTS. REC.	$

ACCOUNTS RECEIVABLE PROOF	
ACCTS. REC. 1ST OF MONTH	$
PLUS COL. A - MO. TO DATE	$
SUB TOTAL	$
LESS B-1 & B-2 MO. TO DATE	$
TOTAL ACCTS. REC.	$

DEPOSIT LIST OF CHECKS

BANK:

DATE:

RECEIPT NUMBER		CASH	CHECKS	BUSINESS ANALYSIS SUMMARIES (Optional)					RECEIPT NUMBER		CASH	CHECKS
											35 -	
											15 -	
												30 -
												500 -
											110 -	
												85 -
												42 -
												5 -
												500 -
											10 -	
												800 -

TOTAL CASH ◊

TOTAL CHECKS ◊

TOTAL DEPOSIT ◊

TOTAL CASH ◊ 170 -

TOTAL CHECKS ◊ 1962 -

TOTAL DEPOSIT ◊ 2132 -

CASH PAID OUT
$
$
$
$

CASH CONTROL	
Beginning Cash On Hand	$
Receipts Today (Col.B-1)	$
Total	$
Less Paid Outs	$
Less Bank Deposit	$
Closing Cash On Hand	$

DEPOSIT TO ACCOUNT OF:

For "Automatic" Deposit Slip – Fold This Section Back First

BEST COPY AVAILABLE

Answers to Unit Five Test

I. Matching
  1. C
  2. A
  3. B
  4. E
  5. D

II. Completion Statements
  6. A. daily log
     B. pegboard
     C. computerized billing
  7. A. charge slip
     B. patient ledger card
     D. receipt
     E. insurance form
     F. deposit slip
     G. statement
  8. A / C / D
  9. A. cash
     B. payment of statement in full
     C. extended payment
     D. dental loan plan
     E. insurance
     F. credit card
  10. A. telephone
      B. letter
      C. collection agency

III. Abbreviations
  11. N/c
  12. C
  13. Cu
  14. Ck
  15. ROA

IV. Multiple Choice
  16. B and C
  17. D
  18. A, C, and D
  19. A and B
  20. C

Learning Activities and Unit Tests for

Managing Dental Office Records

Unit One

Learning Activity No. 1

Completion of Medical Health History

Directions: Complete the following medical health history form as if you were a new patient in a dental office.

APPLICANTS FOR TREATMENT MUST ANSWER ALL QUESTIONS IN THIS SECTION (PLEASE PRINT ANSWERS)

NAME ____________________ DATE OF BIRTH __________ AGE ______

HOME ADDRESS ____________________ CITY __________ ZIP __________ PHONE __________

OCCUPATION ____________________ RECEIVED ANY PREVIOUS TREATMENT HERE, INCLUDING X-RAYS OR ORAL HYGIENE? ☐ YES ☐ NO YEAR ______

BUSINESS ADDRESS ____________________ PHONE __________

NAME OF FAMILY PHYSICIAN ____________________ CITY __________ ZIP __________

ADDRESS ____________________ CITY __________ ZIP __________ PHONE __________

WHAT IS YOUR CHIEF COMPLAINT ABOUT YOUR MOUTH OR TEETH? ____________________

____

WEIGHT __________ HEIGHT __________ SEX __________ MARRIED ☐ YES ☐ NO

DATE OF LAST MEDICAL EXAMINATION ____________________

HAVE YOU EVER HAD OR SUSPECTED?	YES	NO
CANCER		
RHEUMATIC FEVER		
HEART TROUBLE		
ABNORMAL BLOOD PRESSURE		
CHEST PAIN		
SHORTNESS OF BREATH		
ASTHMA OR HAY FEVER		
SINUS TROUBLE		
TUBERCULOSIS		
DIABETES		
FREQUENT THIRST		
KIDNEY OR BLADDER TROUBLE		
BLOOD DISEASE		
HEPATITIS OR JAUNDICE		
HAVE YOU HAD?	**YES**	**NO**
PROLONGED BLEEDING		
SEVERE HEADACHES		
RADIATION TREATMENT		
ANY DIFFICULTY IN THE PAST WITH DENTAL TREATMENT		
FAINTING TENDENCY		
RECENT MEDICAL TREATMENT		
YOUR TONSILS REMOVED		
ANY OTHER OPERATIONS?		

ARE YOU TAKING			HAVE YOU TAKEN	
YES	NO	FOLLOWING DRUGS?	YES	NO
		ANTI REJECTION DRUGS		
		CORTISONE DRUGS, STEROIDS, ACTH		
		ANTICOAGULANTS OR BLOOD THINNERS		
		TRANQUILIZERS OR SEDATIVES		
		ANY OTHER MEDICINES OR DRUGS		

ALLERGIES	YES	NO
ARE YOU ALLERGIC TO PENICILLIN?		
ARE YOU SENSITIVE OR ALLERGIC TO ANY OTHER MEDICINE OR FOOD?		
HAVE YOU EVER HAD NOVOCAINE OR SIMILAR LOCAL ANESTHETIC		
HAVE YOU EVER HAD A GENERAL ANESTHETIC?		
HAVE YOU HAD ANY UNDERSIRABLE EFFECTS FROM AN ANESTHETIC?		

MEDICINES YOU ARE TAKING NOW ____________________

____

____

WOMEN ONLY	YES	NO
ARE YOU PREGNANT?		
DO YOU HAVE ANY PROBLEMS ASSOCIATED WITH YOUR MENSTRUAL PERIOD?		
ARE YOU PRESENTLY TAKING BIRTH CONTROL MEDICINE ROUTINELY?		

____
SIGNATURE OF PATIENT, PARENT OR LEGAL GUARDIAN

____________________ ____________________
SIGNATURE OF FACULTY ADVISOR DATE

Unit One

Learning Activity No. 2

Correcting a Treatment Record Entry

Directions: On the following treatment record, the third entry (tooth #3) is incorrect. The entry should read: MOD gold inlay, instead of MO gold inlay. Make the new entry correctly.

NAME

1		2			3		4		5	
DATE 1982				SERVICES RENDERED	Charge		Payments and Discounts		BALANCE	
				BALANCE BROUGHT FORWARD						
02	13		1	occlusal, amalgam						
03	17		2	MOD amalgam; ZOE base						
04	10		3	MO gold inlay						

Unit One

Learning Activity No. 3

Completion Statements

Directions: Complete the following statements by writing the correct answers in the blanks.

1. The doctor must know the following medical facts on each patient:
   A. Does the patient have any allergies?
   B. Does the patient have any chronic conditions?
   C. ____

2. ____________________ are considered one of the best diagnostic methods available to dentistry.

3. The ________________ ________________ is a written summary of the dental work needed by the patient.

4. The ________________ ________________ is a handwritten record of services rendered to the patient and the fee for that service.

5. When should entries be made on a patient's treatment record? ____________________
   ____

6. Consent forms are not required by law, but for the dental team's protection a consent form should be used before doing one of the following procedures:
   A. when a general anesthetic will be used
   B. when a surgical procedure will be performed
   C. when photographs or slides will be taken
   D. ____

7. ________________ ________________ are exact reproductions of a patient's maxillary and/or mandibular arches.

8. Photographs of patients may be of two types.
   A. intraoral
   B. ________________

9. The ______________ ______________ ________________ acts as a blueprint for what the dentist wants fabricated by the laboratory technician.

10. There are two forms of dental office correspondence:
    A. business
    B. ________________

11. The ________________ is the folder in which all of a patient's records are kept.

12. Charts can be filed in either alphabetical or ________________ order.

13. Where the charts are kept depends not only on the filing method used but also on how the charts are ________________.

14. There are three methods of tagging:
    A. lateral
    B. vertical
    C. ________________

15. The ______________ ___________ _____________ is a good rule of thumb to go by concerning the length of time one should keep inactive records.

16. A patient's records may need to be transferred for two reasons:
    A. Patient is being referred to another dentist for treatment or consultation.
    B. ____

17. When items from a patient's chart are transferred to another dentist, the following information should be recorded in the chart.
    A. date of transfer
    B. name and address of dentist to whom the records are being sent
    C. ____

18. Patients have a right to good dental care at a reasonable cost and to have that care kept ________________ and ___________________.

19. Dental treatment records must always be written in ________________.

Unit One

Learning Activity No. 4

Word Search—New Terms & Definitions

Directions: The terms used in this puzzle are also found in "New Terms and Definitions." They are spelled backwards, forwards, up, down, and diagonally. Find the following hidden terms and circle them.

alphabetical
chronic
extraoral
full denture
horizontal
layman
malpractice
orthodontist
render
restoration
tolerate
vertical

A	C	E	G	G	I	H	E	F	G	Z	Q	M	R	T	O	P
S	W	E	E	T	W	E	T	F	R	O	M	A	W	E	R	E
O	R	T	H	O	D	O	N	T	I	S	T	L	V	F	I	R
R	E	S	T	Y	R	C	O	W	L	I	N	P	O	U	T	W
B	O	V	E	R	T	I	C	A	L	G	X	R	W	L	K	U
C	N	W	F	E	Y	K	C	A	M	N	O	A	A	L	P	Q
R	S	T	U	V	W	H	E	Y	C	U	R	C	C	D	O	E
N	O	I	T	A	R	O	T	S	E	R	I	T	A	E	D	J
W	V	T	X	O	A	B	D	E	G	T	H	I	I	N	J	L
L	O	V	N	I	O	N	T	H	E	B	U	C	K	T	F	U
L	I	I	N	C	O	L	B	B	W	X	A	E	Z	U	Q	K
M	C	O	P	R	S	T	A	C	D	I	T	W	O	R	I	L
N	S	T	Y	W	O	H	T	O	L	E	R	A	T	E	A	R
S	R	U	T	G	P	L	O	P	Y	E	S	T	W	T	B	U
W	E	R	I	L	K	E	H	L	O	M	N	E	N	T	C	P
O	D	L	A	Y	M	A	N	U	I	P	E	O	N	Y	I	T
R	N	D	E	L	M	O	N	V	W	X	Z	Y	T	E	R	R
S	E	X	T	R	A	O	R	A	L	I	Q	R	U	R	S	A
B	R	C	D	E	F	H	J	L	R	N	O	P	R	A	L	E
C	E	F	H	J	L	N	P	O	Q	S	U	W	E	S	T	Y
Y	T	S	E	I	F	S	H	O	P	W	B	A	P	K	L	U

Unit One

Learning Activity No. 5

Dental Forms and Filing Systems

Directions: Visit a dental office in your area, and obtain a sample of their acquaintance form, medical health history form, treatment outline form, and treatment record form. Take special notice of the type of filing and tagging methods being used.

Unit One

Learning Activity No. 6

Matching—New Terms and Definitions

Directions: Match the following terms with the correct definitions. Write the letter of the term in the blank space provided.

A. abnormality
B. dentition
C. diagnosis
D. lateral
E. maintenance dosage drug

F. mixed dentition
G. palpate
H. periapical X-ray
I. render
J. statute of limitations

____1. To provide or furnish a service

____2. Pertaining to the side

____3. To examine by touch

____4. Markedly irregular; deviating from the normal

____5. Containing both primary and secondary teeth

____6. The character and arrangement of the natural teeth of an individual

____7. Radiograph which will include a picture of the tooth as well as the root area around the tooth

____8. The art or act of determining the nature of a disease

____9. Medication taken on a regular or daily basis

___10. The legal time limit within which a civil suit for an alleged wrong, such as malpractice, must be filed

Unit One

Learning Activity No. 7

Preparing the Treatment Record

Directions: Using the information from the following acquaintance form, complete the business section of a treatment record form.

Date January / 10 / 1981

Patient's Name Sarah T. Barnes

Married ☐ Single ☒ Divorced ☐ Separated ☐ Widower ☐ Widow ☐

If A Child, Parent's Name

Residence—Street 9018 East 14th Street

City Green State Texas 71306 Zip Code

Telephone: Residence 770-2233 Business 789-4481

Patient Employed By: Johnston Electrical Company

Business Address 123 Business Parkway (71355)

Present Position File Clerk How Long Held 4 yrs.

Name of Spouse

Spouse Employed By:

Business Address

Present Position How Long Held

Referred By June Robbins

Person Responsible For This Account Self

Purpose of Call Checkup + cleaning

Name of Dental Insurance Company and Policy Number Kansas Mutual #4568-K

Social Security Number 456-78-1234

Unit One

Learning Activity No. 8

Completing the Treatment Record

Directions: On the treatment record form you prepared in Learning Activity No. 7, record the following treatments received by Miss Barnes. You are given the date, the tooth number (using the Universal Tooth Numbering System), a description of the treatment, and the fee for that treatment (the fee is to be written in column 3 under "Charges").

Remember to write everything in its most compact form. Refer to figure 10 for abbreviations and procedure codes. Use ink, and if you make a mistake do not begin again, but correct it properly and continue.

January 10, 1981 — Prophylaxis and a full mouth set of X-rays were taken. The charge was $40.00.

January 20, 1981 — Occlusal amalgam restoration on tooth #1. A ZOE base was placed, there was one carpule of local anesthetic given, and the charge was $20.00.

February 1, 1981 — Mesial-occlusal-distal amalgam restoration on tooth #3. One carpule of local anesthetic was given, and the charge was $30.00.

February 15, 1981 — Tooth #14 was prepared for a full gold crown. Two carpules of local anesthetic were given, and the charge was $100.00.

February 28, 1981 — The full gold crown was cemented permanently on tooth #14. There was no fee charged, and no local anesthetic given.

March 2, 1981 — A mesial-occlusal amalgam restoration was placed on tooth #15. A ZOE base was also placed. The charge was $15.00, and one carpule of local anesthetic was given.

April 5, 1981 — A buccal pit amalgam restoration was placed on tooth #19. The charge was $10.00. There was no local anesthetic given.

May 5, 1981 — Tooth #31 was prepared for a distal-occlusal gold inlay. The charge was $75.00, and two carpules of a local anesthetic were given.

May 15, 1981 — The distal-occlusal gold inlay was cemented permanently in tooth #31. There was no local anesthetic given, and no fee was charged.

Unit One Test

Clinical Records

I. **Matching:** Match the following terms with the correct definitions. Write the letter of the term in the blank space provided by the definition.

A. treatment outline
B. intraoral
C. horizontal
D. diagnosis
E. laboratory work authorization
F. malpractice
G. treatment record
H. vertical
I. tolerate
J. study models
K. lateral
L. mixed dentition
M. palpate
N. chronic
O. render

___ 1. The art or act of determining the nature of a disease

___ 2. Exact reproductions of a patient's maxillary and/or mandibular arches

___ 3. A handwritten record of services rendered to the patient and a fee for that service

___ 4. A written summary of the dental work needed by the patient

___ 5. A blueprint for what the dentist wants fabricated by the laboratory technician

___ 6. Within or inside the mouth

___ 7. To examine by touch

___ 8. Parallel to the horizon

___ 9. To provide or furnish a service

___10. Containing both primary and secondary teeth

___11. Any professional misconduct or unreasonable lack of skill in performance of duties

___12. Upright; straight up and down

___13. Pertaining to the side; situated on, directed toward, or coming from the side

___14. To bear or be capable of bearing

___15. Of long duration

II. **Completion Statements:** Answer the following statements by writing the correct answers in the blanks.

16. What three medical facts must the dentist know about each patient?

A. ______________________________
B. ______________________________
C. ______________________________

17. When should entries be made on a patient's treatment record?

____

18. Consent forms are not required by law, but for the dental team's protection a consent form should be used before doing what four procedures?

A. ______________________________
B. ______________________________
C. ______________________________
D. ______________________________

19. Unlike the appointment book, which is kept in pencil, the treatment record must be kept in ______________.

20. How is an error on a treatment record corrected?

____

21. Who is the legal owner of the radiographs taken on a patient?

____

22. What are the two forms of dental office correspondence?

A. ______________________________
B. ______________________________

23. Charts may be filed in either (A) ______________ or (B) ______________ order.

24. When items from a patient's chart are transferred to another dentist, what information should be entered in the chart?

A. ______________________________
B. ______________________________
C. ______________________________

25. Patients have a right to good dental care at a reasonable cost and to have that care kept (A) ______________ and (B) ______________.

Unit Two

Learning Activity No. 1

Word Search

Directions: Circle the words related to dental insurance contained in the following puzzle. There are 10 words spelled backwards, forwards, diagonally, up, and down.

Y	R	A	I	C	I	F	E	N	E	B	N
P	R	O	V	I	D	E	R	T	R	E	O
D	E	A	L	G	I	B	E	L	U	B	I
E	I	C	I	O	S	E	L	R	C	U	T
D	R	D	E	S	D	I	B	L	R	E	A
U	R	C	U	U	I	U	I	E	I	P	N
C	A	L	C	B	C	F	G	I	B	S	I
T	C	O	A	S	B	I	I	G	T	R	M
I	P	S	T	C	E	C	L	N	E	E	R
B	R	E	A	R	N	I	E	B	E	D	E
L	O	D	L	I	I	D	L	L	R	B	T
E	V	P	O	B	N	A	I	E	T	T	E
A	I	A	E	E	C	R	G	R	E	E	D
C	D	N	P	R	I	Y	I	L	I	R	E
R	E	E	D	E	A	I	B	A	B	M	R
D	D	L	N	T	R	S	L	L	E	I	P

Unit Two

Learning Activity No. 2

Completion Statements

Directions: Complete the following statements with the words found in Learning Activity No. 1.

1. The word _____________ designates the person, usually the employee, who represents the family unit in the dental insurance program.
2. The abbreviation for usual, customary, and reasonable is ______.
3. The dentist may be referred to as the __________________.
4. _____________ _____________ are for patients eligible for dental services in a public or private program at specified facilities by a limited number of dentists.
5. ________________ involves the submission of a proposed treatment plan in advance of actual treatment.
6. A person eligible to receive benefits under a dental plan is a _______________.
7. A ___________________ is an amount that must be paid by the patient before insurance coverage takes effect.
8. An _______________ individual is a person allowed to receive benefits under a dental plan.
9. ___________________ includes the spouse and children of the subscriber.
10. The insurance company may be referred to as the ____________________.

Unit Two

Learning Activity No. 3

Matching

Directions: Match the following terms to the definition that best describes that term.

___ 1. Provider

___ 2. Dental service corporations

___ 3. UCR

___ 4. Incentive coinsurance

___ 5. Dentist's profile

___ 6. Table of allowances

___ 7. HMO

___ 8. Medicaid

___ 9. Deductible

___10. Annual maximum

___11. Coordination of benefits

___12. Contracting group

___13. Carrier

___14. Premiums

___15. Government-sponsored programs

A. The insurance company
B. Health maintenance organization
C. Payments to the insurance company for coverage
D. Federally funded program under the Social Security Amendment of 1965
E. Usual, customary, and reasonable
F. Consists of people eligible to receive benefits from a dental care plan under a contractual agreement with the insurance company
G. Dental health insurance programs organized by individual state dental societies on a not-for-profit basis
H. A dentist's UCR fees that are filed with the insurance company
I. A list of dental services assigned a sum that is developed by the insurance company to be paid rather than a percentage
J. Amount that must be paid by the patient before insurance coverage takes effect
K. Amount set by the insurance company which limits the amount to be paid for a patient each year
L. These include Medicaid and health maintenance organizations.
M. The dentist
N. This type of insurance pays for an increasing percentage of the employee's dental costs in succeeding years if the employee has participated in a program of regular dental care.
O. This is required when a patient is covered under more than one dental insurance plan.

Unit Two

Learning Activity No. 4

Insurance Claim Form Completion

Directions: Use the following information to prepare a Dentist's Pretreatment Estimate and a Dentist's Statement of Actual Services on the forms included.

Patient Name: Justin Woodlake
Birthdate: 1/31/46
Subscriber Name: Justin Jacob Woodlake
Address: 7348 Hill Street
San Antonio, Texas 78213
Employer: ABC Construction Company
43 Songbird

Patient is not covered under any other dental insurance plan

Dentist's Name: Dr. Ralph Jones, D.D.S.
12345 Way Drive
San Antonio, Texas 78229

SSN: 484-91-8210 License #: 0011
Phone: 223-5678

First Visit: 1/4/84 in the dental office

Tooth #	Surface	Service	Code	Fee
4	DO	Amalgam	02150	$ 40.00
5	O	Amalgam	02140	$ 20.00
8	MD	Composite	02331	$ 50.00
15		Full gold crown	02790	$ 350.00
28		Root canal	03330	$ 150.00

There are no diagnostic aids enclosed.

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ATTENDING DENTIST'S STATEMENT

CHECK ONE:
☐ DENTIST'S PRE-TREATMENT ESTIMATE
☐ DENTIST'S STATEMENT OF ACTUAL SERVICES

CARRIER-NAME AND ADDRESS

PATIENT SECTION

1. PATIENT NAME
2. RELATIONSHIP TO EMPLOYEE: SELF | SPOUSE | CHILD | OTHER
3. SEX: M | F
4. PATIENT BIRTHDATE: MO. | DAY | YEAR
5. IF FULL TIME STUDENT: SCHOOL | CITY
6. EMPLOYEE/SUBSCRIBER NAME: FIRST | MIDDLE | LAST
7. EMPLOYEE/SUBSCRIBER SOCIAL SECURITY NO.
8. NAME OF GROUP DENTAL PROGRAM
9. EMPLOYEE/SUBSCRIBER MAILING ADDRESS
CITY, STATE, ZIP
10. EMPLOYER (COMPANY) NAME AND ADDRESS
11. GROUP NUMBER
12. LOCATION (LOCAL)
13. ARE OTHER FAMILY MEMBERS EMPLOYED? EMPLOYEE NAME | SOC. SEC. NO.
14. NAME AND ADDRESS OF EMPLOYER IN ITEM 13
15. IS PATIENT COVERED BY ANOTHER DENTAL PLAN? DENTAL PLAN NAME | UNION LOCAL | GROUP NO. | NAME AND ADDRESS OF CARRIER

I HAVE REVIEWED THE FOLLOWING TREATMENT PLAN. I AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO THIS CLAIM.

▶ ______________________ ____________
SIGNED (PATIENT, OR PARENT IF MINOR) DATE

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE BELOW-NAMED DENTIST OF THE GROUP INSURANCE BENEFITS OTHERWISE PAYABLE TO ME.

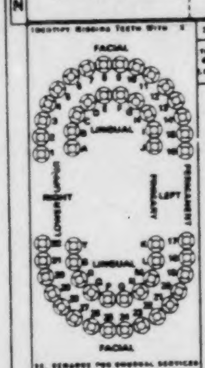
▶ ______________________ ____________
SIGNED (INSURED PERSON) DATE

DENTIST SECTION

16. DENTIST NAME
17. MAILING ADDRESS
CITY, STATE, ZIP
18. DENTIST SOC. SEC. OR T.I.N.
19. DENTIST LICENSE NO.
20. DENTIST PHONE NO.
21. FIRST VISIT DATE CURRENT SERIES
22. PLACE OF TREATMENT: OFFICE | HOSP. | ECF | OTHER
23. RADIOGRAPHS OR MODELS ENCLOSED? NO | YES | HOW MANY?

	NO	YES	IF YES, ENTER BRIEF DESCRIPTION AND DATES
24. IS TREATMENT RESULT OF OCCUPATIONAL ILLNESS OR INJURY?			
25. IS TREATMENT RESULT OF AUTO ACCIDENT?			
26. OTHER ACCIDENT?			
27. ARE ANY SERVICES COVERED BY ANOTHER PLAN?			
28. IF PROSTHESIS, IS THIS INITIAL PLACEMENT?			(IF NO, REASON FOR REPLACEMENT) 29. DATE OF PRIOR PLACEMENT
30. IS TREATMENT FOR ORTHODONTICS?			IF SERVICES ALREADY COMMENCED ENTER: DATE APPLIANCES PLACED | MOS. TREATMENT REMAINING

IDENTIFY MISSING TEETH WITH "X"



32. REMARKS FOR UNUSUAL SERVICES

31. EXAMINATION AND TREATMENT PLAN - LIST IN ORDER FROM TOOTH NO. 1 THROUGH TOOTH NO. 32 - USE CHARTING SYSTEM SHOWN

TOOTH # OR LETTER	SURFACE	DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.) LINE NO.	DATE SERVICE PERFORMED MO. DAY YEAR	PROCEDURE NUMBER	FEE	FOR ADMINISTRATIVE USE ONLY

I HEREBY CERTIFY THAT THE PROCEDURES AS INDICATED BY DATE HAVE BEEN COMPLETED.

▶ ______________________ DATE ____________
SIGNED (DENTIST)

TOTAL FEE CHARGED	
MAX. ALLOWABLE	
DEDUCTIBLE	
CARRIER %	
CARRIER PAYS	
PATIENT PAYS	

DELTA DENTAL PLAN ASSOCIATION

Form Approved by the Council on Dental Care Programs of the A.D.A. 1975

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ATTENDING DENTIST'S STATEMENT

CHECK ONE

☐ DENTIST'S PRE-TREATMENT ESTIMATE

☐ DENTIST'S STATEMENT OF ACTUAL SERVICES

CARRIER-NAME AND ADDRESS

PATIENT SECTION

1. PATIENT NAME
2. RELATIONSHIP TO EMPLOYEE: SELF | SPOUSE | CHILD | OTHER
3. SEX: M | F
4. PATIENT BIRTHDATE: MO | DAY | YEAR
5. IF FULL TIME STUDENT: SCHOOL / CITY
6. EMPLOYEE/SUBSCRIBER NAME: FIRST / MIDDLE / LAST
7. EMPLOYEE/SUBSCRIBER SOCIAL SECURITY NO.
8. NAME OF GROUP DENTAL PROGRAM
9. EMPLOYEE/SUBSCRIBER MAILING ADDRESS

CITY, STATE, ZIP

10. EMPLOYER (COMPANY) NAME AND ADDRESS
11. GROUP NUMBER
12. LOCATION (LOCAL)
13. ARE OTHER FAMILY MEMBERS EMPLOYED? EMPLOYEE NAME / SOC. SEC. NO.
14. NAME AND ADDRESS OF EMPLOYER IN ITEM 13
15. IS PATIENT COVERED BY ANOTHER DENTAL PLAN? DENTAL PLAN NAME / UNION LOCAL / GROUP NO. / NAME AND ADDRESS OF CARRIER

I HAVE REVIEWED THE FOLLOWING TREATMENT PLAN. I AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO THIS CLAIM.

▶ ______________________ ____________

SIGNED (PATIENT OR PARENT IF MINOR) DATE

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE BELOW-NAMED DENTIST OF THE GROUP INSURANCE BENEFITS OTHERWISE PAYABLE TO ME.

▶ ______________________ ____________

SIGNED (INSURED PERSON) DATE

DENTIST SECTION

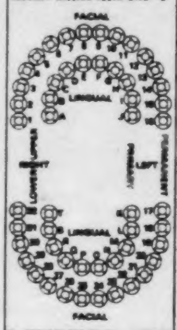
16. DENTIST NAME
17. MAILING ADDRESS

CITY, STATE, ZIP

18. DENTIST SOC. SEC. OR T.I.N.
19. DENTIST LICENSE NO.
20. DENTIST PHONE NO.
21. FIRST VISIT DATE CURRENT SERIES
22. PLACE OF TREATMENT: OFFICE | HOSP. | ECF | OTHER
23. RADIOGRAPHS OR MODELS ENCLOSED? NO | YES | HOW MANY?

	NO	YES	
24. IS TREATMENT RESULT OF OCCUPATIONAL ILLNESS OR INJURY?			IF YES, ENTER BRIEF DESCRIPTION AND DATES
25. IS TREATMENT RESULT OF AUTO ACCIDENT?			
26. OTHER ACCIDENT?			
27. ARE ANY SERVICES COVERED BY ANOTHER PLAN?			
28. IF PROSTHESIS, IS THIS INITIAL PLACEMENT?			(IF NO, REASON FOR REPLACEMENT) 29. DATE OF PRIOR PLACEMENT
30. IS TREATMENT FOR ORTHODONTICS?			IF SERVICES ALREADY COMMENCED, ENTER: DATE APPLIANCES PLACED / MOS. TREATMENT REMAINING

IDENTIFY MISSING TEETH WITH "X"



32. REMARKS FOR UNUSUAL SERVICES

31. EXAMINATION AND TREATMENT PLAN - LIST IN ORDER FROM TOOTH NO. 1 THROUGH TOOTH NO. 32 - USE CHARTING SYSTEM SHOWN

TOOTH # OR LETTER	SURFACE	DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.) LINE NO.	DATE SERVICE PERFORMED MO. DAY YEAR	PROCEDURE NUMBER	FEE	FOR ADMINISTRATIVE USE ONLY

I HEREBY CERTIFY THAT THE PROCEDURES AS INDICATED BY DATE HAVE BEEN COMPLETED.

▶ ______________________ DATE ____________

SIGNED (DENTIST)

TOTAL FEE CHARGED	
MAX. ALLOWABLE	
DEDUCTIBLE	
CARRIER %	
CARRIER PAYS	
PATIENT PAYS	

DELTA DENTAL PLAN ASSOCIATION

TM

Form Approved by the Council on Dental Care Programs of the A.D.A. 1975

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Unit Two Test

Dental Insurance

I. **Matching:** Match each term to its definition by writing the correct letter in the blank.

____1. Prepaid dental care plans
____2. Beneficiary
____3. Subscriber
____4. Carrier
____5. Provider
____6. "Blue tooth" plans
____7. UCR
____8. TIN
____9. SSN
___10. Indemnification schedule

____11. HMO
____12. Prior authorization
____13. Uniform Report Form
____14. ECF
____15. X
____16. Superbill
____17. Deductible
____18. Dual coverage
____19. Copayment
____20. Premiums

A. The dentist
B. Payments collected by the insurance company
C. The insurance company
D. Denotes a missing tooth
E. Extended care facility
F. Dental insurance
G. Person who represents the family unit in the dental program
H. Person eligible to receive benefits under a dental plan
I. Dental service corporations
J. Health maintenance organizations
K. Table of allowances
L. Tax Identification Number
M. Predetermination
N. Attending Dentist's Statement
O. Social Security number
P. Usual, customary, and reasonable
Q. Amount that must be paid by the patient before insurance coverage takes effect
R. Occurs when a patient is covered under more than one group dental plan
S. Used with the pegboard record-keeping system to simplify the procedure of completing claim forms
T. Payments by both the patient and the insurance company

II. **Completion Statements:** Answer the following statements.

21. List the 10 categories of dental services for the purpose of procedure coding.

A. ____________________ F. ____________________
B. ____________________ G. ____________________
C. ____________________ H. ____________________
D. ____________________ I. ____________________
E. ____________________ J. ____________________

22. Name the five basic types of dental programs offered today.

A. ____
B. ____
C. ____
D. ____
E. ____

23. Name the four parties involved in dental insurance.

A. ____________________ C. ____________________
B. ____________________ D. ____________________

24. Generally, in a family situation when coordination of benefits is necessary, the father's carrier is ________________ and the mother's carrier is __________.

25. Four terms pertinent to the dental patient include:

A. ____________________ C. ____________________
B. ____________________ D. ____________________

Unit Three

Learning Activity No. 1

Word Search

Directions: Circle the words related to dental recall contained in the following puzzle. There are 15 words spelled backwards, forwards, diagonally, up, and down.

X	R	E	F	R	O	W	B	H	E	K	M	P	Q	G	N	S	T	E
O	P	R	O	P	H	Y	L	A	X	I	S	B	A	T	T	E	R	D
D	A	R	A	W	K	C	A	R	A	M	B	Y	S	L	L	A	C	I
I	L	R	C	R	L	E	A	E	M	S	A	U	D	E	T	R	E	C
I	P	N	R	E	C	Y	N	O	I	H	G	I	C	E	A	T	E	H
I	H	R	E	C	S	T	I	O	N	U	S	P	L	U	Z	E	L	L
P	A	R	I	L	E	F	O	O	A	L	S	E	D	A	Y	A	B	F
R	B	G	I	N	P	W	O	L	T	L	P	O	F	U	C	I	U	P
N	E	G	L	O	T	T	O	T	I	H	H	E	W	I	N	D	O	W
O	T	O	T	I	E	M	R	O	O	T	O	O	T	H	P	T	D	Y
W	I	E	R	T	M	T	Y	N	N	U	I	E	O	P	L	O	K	J
S	C	A	Z	A	B	X	E	C	V	B	B	N	M	P	C	O	I	E
E	A	Q	Q	C	E	A	A	S	D	A	F	G	H	T	J	K	L	L
A	L	Z	X	U	R	S	W	W	H	E	D	C	O	V	R	G	F	T
K	O	L	P	D	M	A	Z	P	T	O	O	B	O	G	N	W	S	D
P	R	E	V	E	N	T	I	V	E	A	E	B	C	I	D	P	H	J
D	E	C	N	A	V	D	A	H	A	R	E	V	S	T	P	C	U	S

Unit Three

Learning Activity No. 2

Completion Statements

Directions: Use the words found in Learning Activity No. 1 to complete the following statements.

1. Name three services provided at a recall visit:
   A. ______________________________
   B. ______________________________
   C. ______________________________

2. List three general methods for recalling patients:

   A. _______________ appointment system
   B. _______________ system
   C. _______________ system

3. The most commonly used recall period is ___ months.

4. Two file methods for recall cards are:

   A. _______________ file method
   B. _______________ file method

5. The recall system allows a patient to have an active role in his/her own _____________ care program.

6. The mail system of recall will work only if the office policy revolves around the concept of _______________.

7. In the double-file method for recall, File 1 is arranged in _______________ order.

8. Joe Blake completes his dental treatment in February. The dentist places Joe on a six-month recall schedule. Joe should return to the office in _______________.

9. Mary Lewis completes her dental treatment in July. The dentist places Mary on a three-month recall schedule. Mary should return to the office in _______________.

10. Linda Morris completes her dental treatment in December. The dentist places Linda on a nine-month recall schedule. Linda should return to the office in _____________.

Unit Three

Learning Activity No. 3

Completion of Recall Cards

Directions: Complete the recall notices below for Joe Blake, Mary Lewis, and Linda Morris. Use the information given in Learning Activity No. 2, Questions 8-10.

PATIENT NAME ____________________ RECALL MONTH ______
ADDRESS ____________________ ZIP ______
TELEPHONE ____________________ APPT. TIME PREFERRED ____________________
RECALL SCHEDULE EVERY _____ MONTHS

PATIENT NAME ____________________ RECALL MONTH ______
ADDRESS ____________________ ZIP ______
TELEPHONE ____________________ APPT. TIME PREFERRED ____________________
RECALL SCHEDULE EVERY _____ MONTHS

PATIENT NAME ____________________ RECALL MONTH ______
ADDRESS ____________________ ZIP ______
TELEPHONE ____________________ APPT. TIME PREFERRED ____________________
RECALL SCHEDULE EVERY _____ MONTHS

Unit Three Test

Recall Systems

I. Complete the following statements.

1. The most commonly used period of time for the dental recall is ____________ ____________.

2. Two advantages to dental patients of being placed on a recall schedule include:

   A. ____
   ____

   B. ____
   ____

3. Three general methods for recalling patients are:

   A. ____
   B. ____
   C. ____

4. In using a double-file method for recall, File 1 index cards contain the following information:

   A. ____
   B. ____
   C. ____
   D. ____

5. Index cards for recall patients are mailed out on the ____ of the preceding month.

II. Determine the recall month for the following patients.

	Name	Completed Treatment	Recall Schedule	Recall Month
6.	Jerry Adams	January	6 months	________
7.	Louis Jordan	November	3 months	________
8.	Lynn Thompson	February	9 months	________
9.	Richard Lewis	December	6 months	________
10.	Amy Cochran	August	6 months	________

III. Match the term with its definition.

___11. Recall system
___12. Advance appointment system
___13. Telephone system
___14. Mail system
___15. Single-file method
___16. Double-file method

A. Preappointment of patients for a periodic examination which occurs at the time of the last appointment in the patient's series of treatments
B. A systematic means of notifying patients to return to the dental office for a periodic examination
C. Recall based on sending a postcard reminder to patients
D. A recall system that uses filing cards both alphabetically and chronologically
E. A recall system in which patients' names are listed in the back of the appointment book under the month of recall and notified by phone
F. A recall system that uses a single chronological file

IV. Multiple Choice

17. Which of the following are not regularly performed at a patient's recall appointment? (Choose two)
   A. prophylaxis
   B. X-rays
   C. study models
   D. examination
   E. consultation

18. Which of the following is an example of chronological filing?
   A. 1, 2, 3, 4...
   B. January, February, March, April...
   C. A, B, C, D...

19. The mail system of recall will work only if the office policy revolves around the concept of—
   A. education
   B. prevention
   C. recall
   D. examination

20. Which of the following persons can fill out the recall card for mailing? (Choose two)
   A. dentist
   B. patient
   C. assistant
   D. laboratory technician

Unit Four

Learning Activity No. 1

Word Search

Directions: Circle the words related to inventory control in the following puzzle. There are 10 words spelled backwards, forwards, diagonally, up, and down.

inventory
capital
invoice
credit

expendable
nonexpendable
back-order

reorder
statement
shelf life

E	X	P	E	N	D	A	B	L	E	C
D	B	R	Q	O	W	E	N	T	A	R
I	A	B	M	N	A	S	A	S	Y	E
N	O	B	U	E	X	T	U	H	E	D
V	R	A	X	X	P	A	E	E	R	I
O	O	C	A	P	I	T	A	L	F	T
I	W	K	Q	E	Z	E	A	F	A	M
C	E	O	A	N	U	M	C	L	F	J
E	R	R	R	D	I	E	T	I	N	O
R	A	D	A	A	R	N	I	F	I	O
S	T	E	E	B	E	T	S	E	T	U
R	O	R	T	L	E	S	X	Q	U	T
S	T	R	R	E	O	R	D	E	R	V
I	N	V	E	N	T	O	R	Y	Y	S

Unit Four

Learning Activity No. 2

Completion Statements

Directions: Use the words found in Learning Activity No. 1 to complete the following statements.

1. ________________ supplies include items that are consumed upon each use.
2. ________________ supplies are large, expensive items that include equipment.
3. A red flag will indicate the ______________ point for supplies.
4. A/An ________________ system is a list of the stock and assets in the dental office.
5. _______________ supplies are reusable items such as dental instruments.
6. If an item is returned to the supplier, the dentist's account will receive ____________ for the cost of the returned item.
7. A/An _______________ is a list of the contents of each package received, the price of each item, and the total charge.
8. A ________________ is received at the end of the month from the dental supplier containing information on all supplies ordered and total charges incurred.
9. Materials that tend to deteriorate with time will have an expiration date. Thus, the ______________ ________________ of a material should be considered before determining the amount to be ordered.
10. Supplies that are ordered that the dental supply company does not have in stock will be placed on _____________ ______________.

Unit Four

Learning Activity No. 3

Multiple Choice

Directions: Circle the letter(s) of the correct answer.

1. When new materials are received, older supplies should be—
   A. discarded
   B. returned to the dental supply company for credit
   C. brought forward to be used first
   D. place in back of new supplies to ensure use of freshest supplies first

2. Which of the following is not considered to be in the category of capital items?
   A. typewriter
   B. explorers
   C. local anesthetics
   D. X-ray machine

3. Which of the following is not a factor in determining minimum and maximum amounts of a supply that needs to be ordered?
   A. shelf life of a material
   B. rate of use
   C. shipping charges
   D. length of time required for delivery

4. Dr. Jones uses an average of 100 X-ray films per week. If the time required for delivery is 3 weeks, what would the reorder point be set at?
   A. 100
   B. 200
   C. 300
   D. 400

5. Dr. Smith uses an average of 20 carpules of anesthetic per day, and works 5 days a week. If the time required for delivery is 6 weeks, what would the reorder point be set at?
   A. 1,000
   B. 800
   C. 600
   D. 400

Unit Four

Learning Activity No. 4

Inventory Form Completion

Directions: Complete the following forms with the information found in Learning Activity No. 3, Questions 4 and 5.

PRODUCT:
BRAND: Ajax
SUPPLIER: ABC Dental Supply Phone: 313-775-8989

Minimum	Maximum	Amount Ordered	Date Ordered	Unit Price

PRODUCT:
BRAND: Ajax
SUPPLIER: ABC Dental Supply Phone: 313-775-8989

Minimum	Maximum	Amount Ordered	Date Ordered	Unit Price

Unit Four Test

Inventory Control

I. Matching: Match the term with its definition by writing the correct letter in the blank.

____1. Inventory
____2. Capital
____3. Invoice
____4. Credit memo
____5. Expendable
____6. Nonexpendable
____7. Back-order
____8. Reorder point
____9. Statement
___10. Shelf life

A. A list of a package's contents
B. An itemized account of the dentist's charges, credits, etc., received at the end of the month
C. A listing of the stock and assets within the dental office
D. Large expensive items that last for long periods of time
E. A list of a package's contents, the price of each item, and the total charge for the items
F. An out-of-stock item that is not immediately available
G. Items that are consumed upon each use
H. Reusable items that are not highly expensive
I. A signal to the assistant that it is time to order a particular item
J. Received when items are returned by the dentist to the supplier
K. A factor which aids in determining amounts to be ordered

II. Multiple Choice (May be more than one correct answer.)

___11. Which of the following factors affect the maximum amount of an item to be ordered?
A. rate of use
B. shelf life
C. cost
D. delivery time
E. storage space
F. special rates

___12. Reorder points should be indicated by using a ________________ to call attention to the need for new supplies.
A. inventory master list
B. red marker
C. packing slip
D. credit memo

___13. A ________________ is an alphabetical list of all supplies and may include the name of the product, the supplier, and sections for minimum, maximum, and reorder points.
A. master list
B. invoice
C. packing slip
D. statement

___14. The inventory system can be divided into two parts. They are:
A. items to be ordered
B. capital equipment
C. items on back-order
D. expendable and nonexpendable supplies

___15. Inventory control uses four files. Which of the following is not a file used in inventory control?
A. items received
B. items to be ordered
C. items on back order
D. items on credit

___16. Items that can be ordered from a local pharmacy include—
A. stationery supplies
B. saline solutions
C. alcohol
D. bookkeeping supplies

___17. Which of the following is not a basic division of dental supplies?
A. capital items
B. nonexpendable items
C. business items
D. expendable items

___18. When a statement is received from a dental supplier, it should be compared to the—
A. master list
B. packing slips
C. previous month's statement
D. invoices

___19. An alternate method for inventory control is—
A. color code system
B. master inventory list
C. checklist
D. shopping list

___20. An example of an expendable item would be—
A. a dental chair
B. a dental instrument
C. amalgam
D. all of the above

III. Determining Reorder Points

Dr. Smith works 5 days a week and sees an average of 8 patients a day. Using this information, compute reorder points for the following supplies:

___21. Patient bibs—delivery time is 8 weeks. Reorder point is—
- A. 360
- B. 320
- C. 340
- D. 400
- e. none of the above

___22. X-ray film—delivery time is 4 weeks. Dr. Smith uses an average of 7 films per patient. X-ray film is purchased in packages containing 150 films per package. Reorder point is—
- A. 10 packages
- B. 8 packages
- C. 5 packages
- D. 6 packages

___23. Cotton rolls—delivery time is 2 weeks. Dr. Smith uses an average of 8 cotton rolls per patient. Cotton rolls are purchased in packages of 25 cotton rolls per package. Reorder point is—
- A. 20 packages
- B. 22 packages
- C. 30 packages
- D. 26 packages

___24. Anesthetic cartridges—delivery time is 3 weeks. Dr. Smith uses an average of 2 cartridges per patient. Cartridges are packaged in cans of 50 cartridges per can. Reorder point is—
- A. 4 cans
- B. 5 cans
- C. 6 cans
- D. 3 cans

___25. Cotton tip applicators—delivery time is 4½ weeks. Dr. Smith uses an average of 3 cotton tip applicators per patient. Cotton tip applicators are purchased in packages of 25. Reorder point is—
- A. 22 packages
- B. 20 packages
- C. 25 packages
- D. 23 packages

Unit Five

Learning Activity No. 1

Word Search

Directions: Circle the words related to financial record keeping in the following puzzle. The words are spelled backwards, forwards, diagonally, up, and down.

cash
receipts
Superbill
computerized
input
alphanumeric
daily log
insurance
pegboard
daysheet
hard copy
ledger
deposit
data

A	L	P	H	A	N	U	M	E	R	I	C
X	O	E	C	N	A	R	U	S	N	I	O
L	G	M	A	G	M	T	G	O	S	L	M
E	S	G	S	L	I	N	E	S	U	O	P
S	I	N	G	S	U	S	O	R	P	M	U
H	T	I	O	T	E	E	M	G	E	D	T
A	O	P	R	B	C	Z	X	V	R	D	E
R	E	W	I	N	P	U	T	D	B	R	R
D	G	Y	U	E	O	Y	B	T	I	A	I
C	O	K	L	M	C	C	E	O	L	O	Z
O	L	C	K	A	R	E	C	O	L	B	E
P	Y	C	A	G	H	S	R	L	V	G	D
Y	L	S	K	S	G	R	E	G	D	E	L
G	I	K	Y	M	H	D	R	U	N	P	O
O	A	A	K	S	R	A	O	B	G	E	P
P	D	A	T	A	C	O	M	P	U	T	E

Unit Five

Learning Activity No. 2

Daily Log Completion

Directions: Complete the following entries on the daily log for November 3, 1988.

TIME		CHARGES	PAYMENTS	
8:30	David Henry—3 extractions	$ 50.00	$ 35.00	cash
9:30	Lillian Reid—denture reline	$ 62.00		
10:00	Dr. Lynn McCord—exam, X-rays, prophy	$ 50.00	$150.00	cash
10:30	Mr. David Wyman—3 amalgam restorations	$ 60.00	$ 30.00	check
11:00	Tina Smith—pulpotomy	$ 35.00	$500.00	check
1:30	George Johnson—crown preparation	$ 150.00	$110.00	cash
2:30	Peter Winn—full upper and lower dentures	$1,000.00	$ 10.00	cash
4:00	Mick Boggs—5-unit bridge	$ 825.00	$800.00	check

Received on Account (Checks)

Mrs. Sylvia Ruiz	$ 85.00
Mr. Alan Tomasini	$ 42.00
Mrs. Myrtle Land	$ 5.00
Mr. Dean Buerkle	$500.00

Total the charge and paid columns.

		NAME	SERVICE RENDERED	√	CHARGE		PAID	
8	00							
	15							
	30							
	45							
9	00							
	15							
	30							
	45							
10	00							
	15							
	30							
	45							
11	00							
	15							
	30							
	45							
12	00							
	15							
	30							
	45							
1	00							
	15							
	30							
	45							
2	00							
	15							
	30							
	45							
3	00							
	15							
	30							
	45							
4	00							
	15							
	30							
	45							
5	00							
	15							
	30							
	45							
6	00							
	15							
	30							
	45							
7	00							
	15							
	30							
	45							
8	00							
	15							
	45		TOTALS					

Unit Five

Learning Activity No. 3

Matching

Directions: Match each of the following terms to its correct definition. Write the letter in the blank.

____1. Daily log
____2. Pegboard
____3. Computerized billing service
____4. Charge slip
____5. Patient ledger card
____6. Daily journal page
____7. n/c
____8. cu
____9. ck
____10. ROA
____11. Receipt
____12. Deposit slip
____13. Statement
____14. NCR
____15. Superbill
____16. Proof of posting
____17. Data
____18. OCR
____19. Numeric
____20. Alphanumeric
____21. Input
____22. Hard copy
____23. Cash payment plan
____24. Extended payment plan
____25. Payment of statement in full
____26. Federal Truth-in-Lending Statement
____27. Dental loan plan
____28. Ageing of accounts
____29. Delinquent
____30. Financial management

A. No charge
B. By number
C. Information
D. Received on account
E. Late
F. Providing services to patients and collecting fees for the services rendered
G. A combination of letters and numbers
H. Cash
I. An approach to dental office record keeping that requires recording an office visit on 7 separate forms
J. Check
K. Form filled out in the treatment room and returned to the business office with the patient and the patient's chart
L. Form which records the patient's name, service performed, charges, and payments for each working day
M. E + A - B - C = D
N. Optical Character Recognition
O. Information transmitted to the computer
P. Written report for use with computerized billing
Q. Form filled out in duplicate that is required if there are finance charges involved and four or more payments to be made
R. Pay-as-you-go plan
S. Bill
T. Lightweight board made of aluminum or plastic
U. Fairly new addition to the systems available for record keeping in a dental office setting
V. A record of payment

W. A form which records each visit and payment for each family unit
X. Determining the status of each account that is owed the dentist (current, 30-day, 60-day, 90-day, etc.)
Y. A form which records money placed into the bank account
Z. 30-day credit plan
AA. No carbon required
BB. Payment plan for extending payment for more than 12 months
CC. Combination of the insurance claim form and the receipt
DD. Payment plan that involves two or more payments up to 12 months

Unit Five

Learning Activity No. 4

Multiple Choice

Directions: Circle the letter of the correct answer to each question.

1. Activities involved in a daily dental practice include all of the following except—
   A. processing insurance claims
   B. issuing receipts for money collected
   C. making loans
   D. depositing money collected

2. In the daily log system of record keeping, a "C" indicates that—
   A. the charges have already been made
   B. there is no charge for the service
   C. payment has already been made
   D. all work has been completed

3. When payments are received during the day on a daily log system, they should be entered on which form first?
   A. daily journal page
   B. ledger card
   C. receipt
   D. statement

4. Money received should be deposited in the dentist's bank account—
   A. once a week
   B. every day
   C. once a month
   D. every other day

5. When using the pegboard system of record keeping, the sequence of the forms from top to bottom is—
   A. receipt, statement, daily journal page, ledger card
   B. receipt, statement, ledger card, daily journal page
   C. daily journal page, receipt, statement, ledger card
   D. daily journal page, statement, ledger card, receipt

6. The deposit slip is attached on which side of the pegboard?
   A. right
   B. left
   C. right and left
   D. it does not matter

7. The transmission of data to a computer service center is accomplished by—
   A. coding
   B. letter
   C. alphanumerics
   D. none of the above

8. If today is May 1, and you are calculating the age of accounts, charges incurred in February would be considered—
   A. current
   B. 30 days delinquent
   C. 60 days delinquent
   D. 90 days delinquent

9. If today is November 1, and you are calculating the age of accounts, charges incurred in October would be considered—
   A. current
   B. 30 days delinquent
   C. 60 days delinquent
   D. 90 days delinquent

10. Which record-keeping system has a special format for ageing of accounts?
   A. daily log
   B. pegboard
   C. computerized billing
   D. none of the above

Unit Five

Learning Activity No. 5

Letter Writing

Directions: Write a collection letter to Mr. Joe Sparks. The following information will be needed:

Dentist-– Dr. Lee Smile
111 Forest Lane
Timberville, Texas 98765
212-666-8899
Today's date—March 4, 1990
Date of last payment—December 5, 1989
Balance due—$400.00

Unit Five

Learning Activity No. 6

Pegboard Record Keeping

Directions: Complete the following entries on the pegboard daily journal page for November 3, 1988.

Previous page totals:	Charges:	$2,245.00
	Payments:	$2,321.00
	Adjustments:	$ 62.00

1. David Henry, son of Mr. Tom Henry, has three extractions. His previous balance was $50.00. Today's charges were $50.00. He paid $35.00 in cash.

2. Mrs. Lillian Reid has a denture reline. Her previous balance was $10.00. Today's charges were $62.00. She made no payment.

3. Dr. Lynn McCord has an examination, X-rays, and prophylaxis. He receives a professional discount of 10%. His previous balance was zero. Today's charges were $50.00. He pays $15.00 in cash.

4. Mr. David Wyman receives three amalgam restorations. He receives a 50% discount. His previous balance was $10.00. Today's charges were $60.00, and he paid $30.00 by check.

5. Tina, daughter of Mr. Joe Smith, has a pulpotomy. The previous balance was $575.00. Today's charges were $35.00. A payment of $500.00 is made by check.

6. Mr. George Johnson has a crown preparation. His previous balance was $40.00. Today's charges were $150.00. He pays $110.00 in cash.

7. Payments received on account (all checks):

Mrs. Sylvia Ruiz	$ 85.00	Previous balance:	$175.00
Mr. Alan Tomasini	$ 42.00	Previous balance:	$ 42.00
Mrs. Myrtle Land	$ 5.00	Previous balance:	$123.00
Mr. Dean Buerkle	$500.00	Previous balance:	$980.00

8. Mr. Peter Winn has a full upper and lower denture made. His previous balance was zero. Today's charges were $1,000.00. He makes a payment of $10.00 cash.

9. Mr. Mick Boggs has a five-unit bridge made. His previous balance was $15.00. Today's charges were $825.00. He makes a payment of $800.00 by check.

Perform proof of posting.

DAY SHEET (Daily Business Summary)

SHEET NO. OF DATE:

	DATE		DESCRIPTION	CHARGE	CREDITS		CURRENT BALANCE	PREVIOUS BALANCE	NAME
					Payments	Adj.			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
				Col. A	Col. B-1	Col. B-2	Col. C	Col. D	

	Col. A	Col. B-1	Col. B-2	Col. C	Col. D
TOTALS THIS PAGE					
PREVIOUS PAGE					
MONTH-TO-DATE					

PROOF OF POSTING	
COL. D TOTAL	$
PLUS COL. A TOTAL	$
SUB TOTAL	$
LESS COLS. B-1 & B-2	$
MUST EQUAL COL. C	$

ACCOUNTS RECEIVABLE CONTROL	
PREVIOUS DAY'S TOTAL	$
PLUS COL. A	$
SUB TOTAL	$
LESS COLS. B-1 & B-2	$
TOTAL ACCTS. REC.	$

ACCOUNTS RECEIVABLE PROOF	
ACCTS. REC. 1ST OF MONTH	$
PLUS COL. A - MO. TO DATE	$
SUB TOTAL	$
LESS B-1 & B-2 MO. TO DATE	$
TOTAL ACCTS. REC.	$

BEST COPY AVAILABLE

DEPOSIT LIST OF CHECKS

BANK:

DATE:

RECEIPT NUMBER		CASH		CHECKS		BUSINESS ANALYSIS SUMMARIÈS (Optional)					RECEIPT NUMBER		CASH		CHECKS	
TOTAL CASH ◊											TOTAL CASH ◊					
TOTAL CHECKS ◊											TOTAL CHECKS ◊					
TOTAL DEPOSIT ◊											TOTAL DEPOSIT ◊					

CASH PAID OUT	
	$
	$
	$
	$

CASH CONTROL	
Beginning Cash On Hand	$
Receipts Today (Col.B-1)	$
Total	$
Less Paid Outs	$
Less Bank Deposit	$
Closing Cash On Hand	$

DEPOSIT TO ACCOUNT OF:

For "Automatic" Deposit Slip – Fold This Section Back First

BEST COPY AVAILABLE

Unit Five Test

Financial Records

I. Matching

____1. Currency
____2. Pegboard
____3. Daysheet
____4. Itemization
____5. Daily log

A. System in which several forms for different record-keeping functions are held in exact alignment on a special writing board
B. Daily journal page
C. Cash
D. System that requires recording an office visit on 7 separate records
E. Listing

II. Completion Statements

6. Three types of bookkeeping systems that effectively accomplish the task of improved financial management for the dental office are:
   A. ____________________
   B. ____________________
   C. ____________________

7. Seven separate records that need to be completed for each patient visit include:

   A. ____
   B. ____
   C. ____
   D. ____
   E. ____
   F. ____
   G. ____

8. The formula for proof of posting is E + ___ - B - ___ = ___

9. Six common financial arrangements used in dental offices include:

   A. ____
   B. ____
   C. ____
   D. ____
   E. ____
   F. ____

10. Three methods available to the assistant for accomplishing the collection of delinquent accounts are:

A. ______________________________
B. ______________________________
C. ______________________________

III. Abbreviations

11. No charge ___
12. Charges have been made ___
13. Cash ___
14. Check ___
15. Received on account ___

IV. Multiple Choice

16. Two coding systems used in computerized billing are—
A. hard copy
B. alphanumeric
C. numeric
D. audio feedback

17. Computerized billing services are available through—
A. banks
B. local independent service bureaus
C. national services
D. all of the above

18. Some timesavers for preparation of statements are—
A. photocopiers
B. typewriter
C. window envelopes
D. metered postage

19. A federal Truth-in-Lending Statement must be completed for which circumstances?
A. four or more payments
B. finance charges
C. nonpayment
D. all patients

20. ____________ are filled out in duplicate—one for the patient and one for the dentist's files.
A. statements
B. ledger cards
C. receipts
D. charge slips